

**SOCIAL POLICY AND AGEING: A STUDY OF
MIDDLE CLASS 'AGED IN FAMILY' AND AN OLD
AGE HOME IN DELHI**

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MASTER OF PHILOSOPHY

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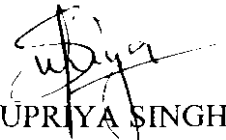
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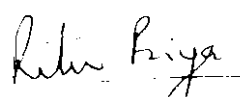
This is to certify that the dissertation entitled “**Social Policy and Ageing: A Study of Middle Class ‘Aged In Family’ and an Old Age Home in Delhi**” submitted by **SUPRIYA SINGH** in partial fulfilment of the requirements for the award of the degree of **Master of Philosophy** of this University is her original work. This dissertation has not been submitted for any other degree to this or any other University.


We recommend that this dissertation be placed before the examiners for evaluation.


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CHAPTER I
INTRODUCTION

INTRODUCTION

An ageing population (also known as demographic ageing and population aging) is a summary term for shifts in the age structure of a population toward older ages. A direct consequence of the ongoing global fertility decline and of mortality decline at older ages, population aging is expected to be among the most prominent global demographic trends of the 21st century. Population aging is progressing rapidly in many industrialized countries, but those developing countries whose fertility declines began relatively early also are experiencing rapid increases in their proportion of elderly people.

There are mainly two reasons of ageing which forms a part of demographic transition. First is decrease in mortality which increases the life expectancy and life span of individuals. People live longer and as more and more people age the share of aged in population increases. Second is the decrease in fertility which reduces the number of newborn children. As there are less children so eventually younger population is also less and proportion of aged in the population automatically grows up. UN defines an ageing country as a country where population of aged above 60 reaches 7%. (Prakash, 2003).

India is also going through such a demographic transition, mostly attributed to increased life span due to medical advancements, and declining fertility rate. India is in fact, the home to second largest graying population. The percentage of persons 60+ in the total population has seen a steady rise from 5.1 per cent in 1901 to 6.8 per cent in 1991. It is expected to reach 8.9 per cent in 2016. Projections beyond 2016 made by the UN have indicated that 12.1 per cent of the India Population will be 60+. "The demographic profile depicts that in the years 2000-2050, the overall population in India will grow by 55% whereas population of people in their 60 years and above will increase by 326% and those in the age group of 80+ by 700% - the fastest growing group" (World population Ageing: 1950-2050, 2002).

Growing elderly population also entails an increase in the physically, economically, psychologically dependent social fraction of population. The mounting health costs, coterminous with the process of aging, coupled with the diminished sources of income make elderly population vulnerable to physical and psychological disorders, further exacerbating their condition. It constitutes a vicious cycle of economic dysfunctionality.

Changes in economic, social structures of family have also influenced the position of older people in families. Rise of nuclear family, increased mobility, changes in value system and the exhaustive dependence of older members have caused a certain marginalisation, neglect and isolation for elderly population.

Also, the gender issues in the elderly population warrants separate mention, since their ratio in 60+ population keeps growing. Economically, older women suffer from more problems than the males. The most vulnerable are those who do not own productive assets, have no retirement benefits, are not taken care of by their children; or live in families that have low, uncertain incomes and large number of dependents (Thakur, 2008). Ageism or stereotypes associated with older persons is another socio-cultural facet of the issue.

Thus, to ensure care, protection, independence and well-being of elderly, Indian state has over time, launched various schemes, policy directives and secured their rights through constitutional backing.

CONSTITUTIONAL UNDERPINNINGS

The well-being of senior citizens is mandated in the Constitution of India under Article 41, which states “The state shall, within the limits of its economic capacity and development, make effective provision for securing the right to public assistance in cases of old age”. The Right to Equality is guaranteed by the Constitution as a fundamental right. Social security is the concurrent responsibility of the central and state governments, since the list in Part XI of constitution makes it a collective responsibility of both central and state governments (National policy on senior citizens, 2011).

NATIONAL POLICY FOR OLDER PERSONS

The first ever National Policy on Older Person was announced by the union Government of India in the year 1999. It was conceived to be a step in the right direction in pursuance of the United Nations of General Assembly Resolution 47\5 to observe 1999 as International Year of Older Person. This policy “aims to encourage individuals to make provision for their own as well as their spouse’s old age. It also strives to encourage families to take care of their older family members.” (National policy on senior citizens, 2011) By this policy government was supposed to extend its support for the aged people. The policy enables and supports voluntary and non-governmental organizations to supplement the care

provided by the family and provide care and protection to vulnerable elderly people. Health care, research, creation of awareness and training facilities to geriatric caregivers have also been enumerated under this policy. The main objective of this policy is to make older people fully independent citizens.

The major features in the NPOP 1999 were:

Financial Security:

- For aged people below poverty line, pension schemes extension to cover all of them.
- Focus of Pension schemes would not just be public sector employees but also private ones.
- Tax relief on medical and nursing care, transportations and support services needed at home.
- Tax relief to son or daughter who keep their aged parents with them.
- Promotion of long term saving instruments.
- Assistance to organisations which provide career guidance, training and orientation, and support services for employment generation activities.
- Public Distribution System (PDS) to reach out to cover all persons 60+ living below the poverty line.
- Emphasis on the right of parents without any means to be supported by their children having sufficient means, which had been recognised by Section 125 of the Criminal Procedure Code.

Health Care and Nutrition:

- The goal of good affordable health services, very heavily subsidised for the poor and a graded system of user charges for others.
- Judicious mix of public health services, health insurance, health services provided by not for profit organizations including trusts and charities, and private medical care and measures for adequate encouragement and support to such providers.
- Strengthening of Primary Health Care System for preventive, curative, restorative and rehabilitative health care.
- Expansion and strengthening of Geriatric Health care facilities at secondary and tertiary levels.
- High priority to development of health insurance.

- Grants, tax reliefs and subsidised lands to trusts, NGOs, charitable societies and voluntary agencies for health care services catering to lower income groups.
- Expansion of private medical care and latest facilities at market rate for those who can afford it.
- Geriatric wards, special counters and convenient timing for aged people in public health centres.
- Training to medical and para-medical personnel in primary, secondary and tertiary health care facilities for geriatric care and services.
- Facility for specialisation in Geriatric medicine in medical colleges.
- Encouragement to mobile health services, special camps and ambulance services by charitable institutions and not for profit health care organizations.
- Boosting hospitals to have a separate Welfare Fund which will receive donations and grants for providing free treatment and medicines to poor elderly patients.
- Support for the production and distribution of instruction and guidance materials on self care by aged, health and nursing care of older person for the use of family care giver.
- Educational material on affordable, tasty, nutritious, locally available and fit to dietary pattern of the community would be provided for proper diet of aged.
- Health education programmes would be strengthened by making use of mass media, folk media and other communication mediums.
- Awareness among youths and middle age people about ageing and to have appropriate life style for better ageing.
- The importance of balanced diets, physical exercise, Yoga and meditation, regular habits, reduction of stress, regular medical check up, allocation of time for leisure and recreation, and pursuit of hobbies would be conveyed.
- Strengthening and expansion of mental health services.
- Counselling facilities and information on care to the family members with aged having mental health problems.

Shelter:

- Housing schemes for urban and rural lower income segments would earmark 10 per cent of the houses/house sites for allotment to older persons.
- Motivation for earning persons to invest in their housing in their earning days to avoid problem of shelter in their old age.

- Easy access to loans for housing and major repairs.
- Ensure no physical barriers to mobility and accessibility in shopping complexes, community centres, parks and other services and housing colonies.
- Preferences to older persons in the allotment of flats on the ground floor.
- Encouragement to group housing of older persons comprising flat lets with common service facilities for meals, laundry, common room and rest rooms.
- Providing access to information on prevention of accidents and on measures to enhance safety to older persons and their family members.
- Norms related to noise and strict implementation.
- Top priority to the complaints of older persons by civic authorities and bodies providing public utilities.

Education:

- Information and educational material especially relevant to the aged people would be developed and widely disseminated.
- Encouragement and support to continue education.
- Assistance from open universities to develop packages using distance learning techniques.
- Access of older persons to libraries of universities, research institutions and cultural centres would be facilitated.
- Materials to strengthen intergenerational bonds and mutually supporting relationships would be part of all formal and non formal curriculums.
- Older persons with professional qualification and knowledge in science, arts, environment, socio-cultural heritage, sports and other areas would be encouraged to interact with children and youth through educational institutions.
- Crucial role of schools to develop regular outreach programs and senior citizen centres and activities in them.
- Information about changing roles, responsibility and relationship at different stages of ageing process would be provided to persons of all age, families and communities.
- Contributions of aged people inside and outside the household would be highlighted.
- Negative images, myths and stereotypes would be dispelled.

Welfare:

- Main thrust to identify the most vulnerable sections among elderly such as poor, infirm, chronically sick, disable and those without family support and providing welfare services to them on priority basis.
- Considering Institutional care as the last resort.
- Promotion and assistance to voluntary organisations for non institutional services.
- Assistance to voluntary organisations by way of grants-in-aid for construction and maintenance of old age homes, heavily subsidised for poor.
- NGOs would be encouraged to seek professional expertise in designing of old age homes, keeping in view needs of age and class of clients.
- Assurance of minimum standard of services and training and orientation of staff in these old age homes.
- Welfare fund for aged to be set up. Government, corporate sector, trusts, charity, individual donors would contribute for the fund.
- Tax exemption for this donation.
- States would be encouraged to establish such funds as well.

Protection of Life and Property:

- Considering special provisions in IPC to protect aged people from domestic violence.
- Review of tenancy legislation.
- Assistance to voluntary organisations and associations to provide protection services to aged through help lines, legal aids and other measures.
- Direction to Police to keep friendly vigil on aged people.
- Interaction with neighbouring communities, advice for keeping contacts of relatives and neighbours would be given.
- Advise on precautions to be taken on matters such as prevention of unauthorized entry, hiring of domestic help, visits of repair and maintenance persons, vendors and others, and the handling of cash and valuables.

Other areas of action:

- Issue of ID, fare concessions, preference in reservations, seats, priority for allotment of connections, removal of physical barriers.
- Speedy disposal of complaints related to aged people.

NGOs:

- Assistance to NGOs and to make sure transparency, accountability, simplification of procedures and timely release of grants to NGOs working for the aged people.
- Encouragement to older persons to organise themselves, take initiatives and advocate and mobilize public opinions.
- Support to voluntary organisations helping in the above mention task and mobilising aged for community affairs.
- Volunteers would be encouraged to assist the home bound elderly, particularly frail and elderly women and help them to overcome loneliness.
- Trade unions, employers' organizations and professional bodies would be approached to organize sensitivity programmes for their members on ageing issue.

Family:

- Programmes would be developed to promote family values, sensitise the young on the necessity and desirability of inter-generational bonding and continuity and the desirability of meeting filial obligations.

Implementation mechanism:

- Widely publicising the policy and preparing a plan of action.
- Ministry of Social Justice and Empowerment would be the nodal ministry with a new bureau set up for older persons.
- Inter-ministerial committee for coordination on matters of implementation on monitoring.
- States would be encouraged to set up separate directorates of older persons.
- Five year and annual action plans by each ministry.
- Budgetary provisions would be facilitated by planning commission and finance ministry.
- A detailed review of implementation in every three years by the nodal ministry.
- Establishment of an autonomous National Council for Older Persons headed by Minister of Social Justice and Empowerment, to promote and co-ordinate the concerns of older persons.
- Council would have representatives of relevant Central Ministries and the Planning Commission, NGOs, Academic bodies, Media, and experts on ageing issues.

- Five States would be represented on the Council by rotation.
- An autonomous registered National Association of Older Persons (NAOPS) would be established to mobilize senior citizens, articulate their interests, promote and undertake programmes and activities for their well being and to advise the Government on all matters relating to the Older Persons.
- Association would have National, State and District offices.
- Encouragement of PRIs on its implementation..

Speciality and uniqueness:

- This Policy itself is a first of its kind to widely cover almost all the issues related with the old age people. It not only accepts the realities but also generates hope.
- It gives a very high importance to financial security of aged and highlights the need of planning for it since one's earning age.
- It talks of promoting Healthy ageing. There is a realisation that merely getting older does not mean acquiring more diseases. It states that "it is necessary to educate older persons and their families that diseases are not a corollary of advancing age nor is a particular chronological age the starting point for decline in health status."
- Programs to target youth and middle age people to have better life style to have healthy ageing.
- For the first time proper attention to education, training and information needs of aged was given.
- It finds much potential in older people.
- There is a realisation that women workers are growing and it has changed the scenario in families and at homes.
- The policy also made it clear that efforts of all the sectors, governments, voluntary organisations and private agencies are essential.
- It had also accepted that aged people are soft targets for criminals as well as victims of fraudulent dealings, emotional and physical abuse by the family members.
- It had also tried to use influential nature of Trusts, charities, religious and other endowments which can expand their areas of concern to provide services to the elderly by involving them on ageing issues.

- It also aimed at removing the traditional mindset of not taking any help from the daughters. It proposed to sensitise society to accept the role of married daughters in sharing the responsibility of older parents.

What it missed:

- Even though it seeks subsidised health care system it falls short of Universal Health Care for elderly.
- Steps to comprehensively tackle mental health problems are not there. It talks about counselling to family members of aged having mental health issues. But unfortunately it failed to cover awareness generation and removing myths about mental health issues in the society.
- Questions of financial viability, implications of commitments etc. are not fully answered.
- Even it had realised that due to more women workers there is need of full time caregivers, but it failed to realise that these presently employed women would have entirely different issues when they age. Their problems and potentials would not be same as other women who spent most of their lives at homes if not only in kitchens.
- There is no mention of use of technology except in the forms of media.

National Policy for Senior Citizens 2011:

While Older Persons Policy of 1999 was on the background of UN General Assembly resolution, this new policy has come after sShanghai Plan of Action 2002 and Macau Outcome document 2007 had set the Global Policy Guidelines to encourage the governments to design and implement their own policies. Further new issues had come up in the domestic arena as well. Landmark legislation of Maintenance and Welfare of Parents and Senior Citizens' Act 2007 has potential to give new direction to aged welfare and empowerment. Due to continuous high growth in Population of India for last few decades, there is presently very high youth population but in coming decades it will give rise to a high old age population as well. Acceptance of this fact and vision to plan early for them is one of the main reasons behind this policy.

Major features and differences from 1999 Policy:

General:

- Recent policy document gives name as National Policy on Senior Citizens 2011 while 1999 policy was National Policy on Older Persons. This change in the name represents change in the attitude and understanding and this is what the new policy wants to convey. Not only the term Senior citizen seems more accurate, it gives a feeling of experienced as well as active personality. On the other hand the term older person in a stereotyped way generates feeling of infirmity and dependency.
- It promotes the concept of “Ageing in Place” or ageing in own home, housing, income security and homecare services, old age pension and access to healthcare insurance schemes and other programmes and services to facilitate and sustain dignity in old age.
- The thrust of the policy would be preventive rather than curable .

Demographics of Indian Ageing:

- This policy document not just uses data but also demographic changes and estimations of growth and population are shown using tables and graphs.
- This document emphasises on the need of special attention to elderly women but does not provide present and estimated numbers of men and women separately unlike the previous one.

Elderly Women Need Special Attention:

- Deep rooted social and cultural biases, class, caste, disability, illiteracy, unemployment, marital status, patriarchal hierarchy and discrimination for property rights are the major problems which make ageing worse for women.
- It is realised that burdened with household chores for a longer span of time compared to older men, older women have almost no time for leisure or recreational activity.
- Population of elderly women will rise and with multiple disadvantages they are likely to be grossly unprepared to tackle these issues.

Rural Poor Need Special Attention:

- Realisation that poverty in rural areas for older persons is increasing and social and income security, pension, insurance, long term saving schemes are urgently required for them.

Technology:

- For the first time technological advancement is given emphasis.
- It was realised that several advancements in Medical technology and other changes need to be factored in the policy.
- But other uses of technology such as for income generation, protection and safety, productive ageing and welfare have not been given proper consideration.

Areas of intervention:**Income Security:**

- Focus has been shifted from financial security (in 1999 policy) to Income security. This indicates that focus is not merely on having wealth or some financial security (which can be accumulated or newly generated wealth, movable or immovable property) for the elderly but to have regular and reliable income. It recognises aged as resource and provides them with the opportunities to productively use their skills.
- IGNOAPS (Indira Gandhi National Old Age Pension Scheme): it provides for 1000rs per month pension for all BPL aged; additional in case of disability, death of adult child or having responsibility of grand children.
- Emphasis on Public Distribution System to provide food grains and other essential items for the aged.
- Taxation Policy would reflect sensitivity towards financial problems of aged.
- Microfinance: loan at suitable rates to start small businesses. Guidelines and regulations of RBI would support microfinance of senior citizens.

Healthcare:

- Policy of 1999 instead talked about Healthcare and nutrition. New policy misses components of dietary habits and nutritious food.
- Concepts and goals of subsidised health care for poor, health insurance, tax incentives etc. are similar to that of 1999 policy.
- Nurse of PHC or ASHA is supposed to conduct special screening of 80+ aged in villages or urban areas.
- The Policy accepts the concept of Public Private Partnership for elderly care and welfare.
- It also gives consideration to increasing non communicable diseases in aged.

- Rashtriya Swasthya Bima Yojna (RSBY) is supposed to be used for universal application of health insurance; although for now, it covers BPL families.
- Unlike previous policy document which just talked about counselling of family members of aged having mental health issue; this policy calls for increasing awareness about mental health. It focuses on early detection and adequate care of aged having dementia or Alzheimer's disease.
- Restoration of vision and eyesight of senior citizens is given special importance which was lacking earlier. It would be a part of NPCB (National Program to Control Blindness).
- Use of science and technology such as web based services and devices for aged would be encouraged and expanded.
- The current National Programme for Health Care of the Elderly (NPHCE) would be expanded immediately and, in partnership with civil society organizations, scaled up to all the districts of the country.
- Services of Mobile Health Clinics would be made available through PHCs and NGOs.
- Hospices and palliative care of the terminally ill would be provided in all district hospitals and the Indian protocol on palliative care will be disseminated to all doctors and medical professionals.
- It was recognised based on the studies done so far, that older women tend to neglect their problems and so special attention is needed for them.
- Recognise gender based attitude towards health and develop program for regular checkups for women.

Safety and Security:

- Older Persons Policy 1999 was focusing on Protection of Life and Property, while the new one widens its purview and with this heading covers all the issues of safety and security for aged people.
- It asks for stringent punishment for the abuse of elderly.
- Community awareness is given an important role in combating such abuses.
- Role of Police, associations, help lines, legal aid etc. were part of earlier policy as well.
- It fails to mention of creating awareness about physical and emotional abuse of elderly on the same footing as that of abuse of women inside and outside homes.

Housing:

- It talks about age friendly and barrier free access to public transports and public places like parks, banks, hospitals, cinema halls, places of worship, shopping malls etc.
- Development of housing complex for single older men and women and aged who needs specialised care.
- Housing colonies would have a multi-purpose centre of social interaction of elderly. Segregation of aged in colonies would be discouraged.
- Loans for purchase and major repair of houses, was also part of earlier policy document.
- It does not talk about issues of civic amenities or other utility services for elderly.

Productive Ageing:

- It would promote measures to create avenues for continuity in employment and/or post retirement opportunities.
- Directorate of Employment would be created to enable seniors find re-employment.
- In a new Policy, there is a call to review age of retirement by the ministry.

Welfare:

- There is no statement on finding the most vulnerable sections of elderly as was in previous policy. It might have been assumed that the same will continue, if not identifying the vulnerable sections must be the top priority.
- Using Aadhar for identity and benefitting single women, widows and oldest old through all the schemes may be a step of identifying most vulnerable aged people. But again as it is not universal proper identification is yet required.
- There is a similar talk of welfare fund as in the last policy but revenue would be generated through social security cess.
- Other provisions of assisting NGOs and of schemes are as earlier.

Multigenerational Bonding:

- Through incorporating relevant educational material in school curriculum and promoting value education.
- School value education modules and text books promoting family values would be promoted by NCERT and state boards.

Media:

- Role of media as been highlighted as earlier; But no such pragmatic efforts could be seen among the urban aged

Natural Disasters/ Emergencies:

- Special focus on aged in case of disaster has been incorporated for the first time in the policy document.
- Equal access to food, shelter, medical care and other services to aged before and after the emergency.
- It is important to mention that policy has recognised need of providing enhanced financial grants and other relief measures to assist senior citizens to re-establish and reconstruct their communities and rebuild their social fabric after emergencies.

Implementation Mechanism:

- Establishment of department of Senior Citizens under Ministry of Social Justice and Empowerment.
- Other strategies of inter ministerial co-ordination, action plan etc. are similar to the 1999 policy.
- States and union territories will set up separate Directorates of Senior Citizens for implementing programmes and services for senior citizens and the 2011 policy.
- National commission for Senior Citizens and similar state commissions will be constituted under the act of Parliament with the powers of civil court to deal with cases pertaining to violations of rights of senior citizens.
- National Council for Senior Citizens on the same line of autonomous National Council for Older Persons would be set up. As a difference tenure of 5 years has been fixed and council will meet once in 6 months.
- Further similar state councils will also be set up.
- Names of all concerned ministries having responsibility to implement this policy are especially mentioned to give a sense of need, urgency and responsibility and responsiveness.
- The policy also mentions roles of Block Development offices, PRIs, Tribal councils/Gram Sabhas.

The Maintenance And Welfare Of Parents And Senior Citizens Act, 2007

The maintenance and welfare of parents and senior citizens act, 2007 was enacted to ensure need-based maintenance, care and protection from any form of abuse to elderly

citizens. The act makes it mandatory for the caregivers in family to fulfil different needs of the senior members of their family. The act aims to cover three major areas in prevention of abuse against elders-

1. Maintenance – Ensuring financial, medical, protection of life and person, recreational and spiritual needs, grievance redressal.
2. Care – Providing financial, housing, clothing, companionship care.
3. Protection- Protection of life and property of the old against exploitation, including physical and mental abuse.

Integrated Programme For Older Persons

The Integrated Programme for Older Persons is a scheme that provides “financial assistance up to 90 per cent of the project cost to non-governmental organizations or NGOs” as on March 31, 2007. This money is used to “establish and maintain old age homes, day care centres, mobile Medicare units and to provide non-institutional services to older persons.” The scheme also works towards other needs of older persons such as reinforcing and strengthening the family, generation of awareness on related issues and facilitating productive ageing (Ministry of social justice and empowerment, 2014).

HEALTH SCHEMES

National Mental Health Programme The National Mental Health Program focuses on the needs of senior citizens who are affected with Alzheimer’s and other dementias, Parkinson’s disease, depression and psycho geriatric disorders.

Central Government Health Scheme Central Government Health Scheme provides pensioners of central government offices the facility to obtain medicines for chronic ailments up to three months at a stretch.

Health Insurance Schemes Medical insurance is provided through several private insurance companies and four public sector general insurance companies. National insurance company, oriental insurance company, LIC and other subsidiaries of government offer health insurance with various tax and senior citizen benefits (National portal of India,2014).

Housing Schemes

In all states, government pursues to run old age homes for population above 60 years. States in India such as Delhi, Kerala, Maharashtra and West Bengal have developed good quality old age homes. These old age homes have special medical facilities for senior citizens such as mobile health care systems, ambulances, nurses and provision of well-balanced meals.

Travel benefits

State governments offer rebates on travel by roadways and concessions are given on any travel by buses. Some states have provisions of free travel passes for senior citizens. Also, seats are reserved in trains and state-run buses for senior citizens. Most airlines are offering more than 50% discount to senior citizens as well (Ministry of social justice and empowerment, 2014).

Financial Assistance

Senior citizens are given higher income tax exemption limit than the rest of the population segments. Whereas central government in new pension policy, 2004 has attempted to provide reliable and consistent sources of income for masses, state governments also try to provide some degree of financial assistance through pension schemes. Special loans are designed by commercial banks taking senior citizens' needs into consideration (Ministry of social justice and empowerment, 2014).

History of socio-economic security policies in India

Historically, social security and pension policy development in India, can be broadly categorized with the phase the concurrent government went through, i.e.- the colonial period, post-independence till late 1980s, and developments since the 1990s.

Colonial Period

The British administration introduced a new concept of retirement benefits for employees in India. A pension policy, created by the Royal commission on Civil Establishment in 1881, promised to cover all employees, whether British or Indian in origin. This policy was re-affirmed in the enactment of a workman's compensation program in 1923, which was retained by new government of India, even after independence. This phase, though

limited to compensation to government employees only, also paved way for a comprehensive social security program.

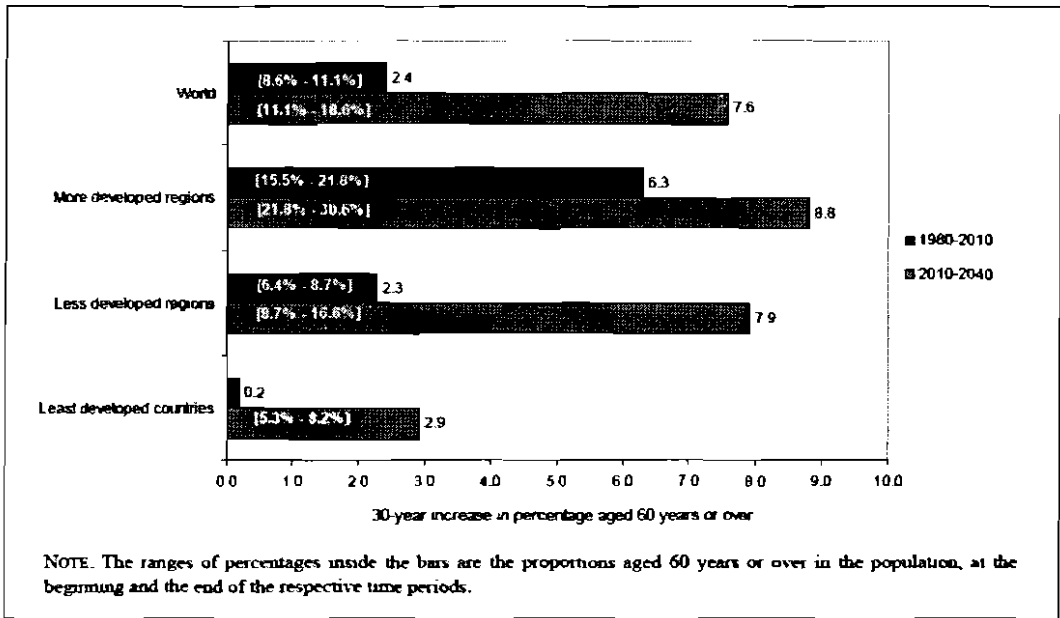
Post-Independence Developments

Prior to independence, no particular benefit as an old-age pension existed for industrial workers or workers in general. After independence, however a specific mention of social security in the new constitution was made in article 41 of Directive Principles of State Policy; directing state to “make effective provision for securing the right to work, to educate and to public assistance in case of old-age”. Article 42 and 47 further deal with social security issues relevant to elderly, while some other sections of the constitution focus on labour welfare, including provident funds, liability for compensation, invalidity and old-age pension plans. These directions embraced a modern concept of social security, making state responsible for its citizens, with an ever widening role of welfare state. Various new acts with the sole aim of empowering older persons, new pension policies, health benefit schemes, travel concessions and financial assistance have been brought about by federal and state governments.

Ageing is a dynamic and well existing phenomenon in the world. About 11.7 percent of world population is aged. Moreover not only population share of aged is increasing but also rate of this increase itself indicates a positive shift. While in 1990 aged comprised of 9.2% of world population; the trend shows that by 2050 this proportion might reach up to 21.1%. It is clear that while in last 20-25 years the increase in aged share of total population was 2.5 percentage points, but in next 35 years it will see a growth of about 10 percentage points. With the constant population rise absolute numbers of aged may grow more than double by the end of first half of twenty first century (841 million from now to more than 2 billion by 2050). Days of only thinking about children and youth and neglecting aged population (especially in developing and least developed countries) are over. Some estimations show that by 2047 number of aged people may cross number of children. These demographic changes and patterns can be better understood by these tables showing past, present and future trends of absolute aged population and relative changes in it.

Graph 1: Speed of population ageing (percentage point increase): World and Development Regions, 1950-2050.

Speed of population ageing (percentage point increase): world and development regions, 1980-2010 and 2010-2040



Source: *Speed of population ageing (percentage point increase): world and development regions, 1980-2010 and 2010-2040, pp 13*

The process of Ageing is governed by many factors including fertility rate, mortality rate, total size of population along with relative size of older and younger cohorts. Population size of childbearing ages and phenomenon like ‘baby boom’ also affect short term and long term population share of aged. Even migration can have some affect on age demography in different ways but it is generally small at the national level. (Lee, et.al, 2011).

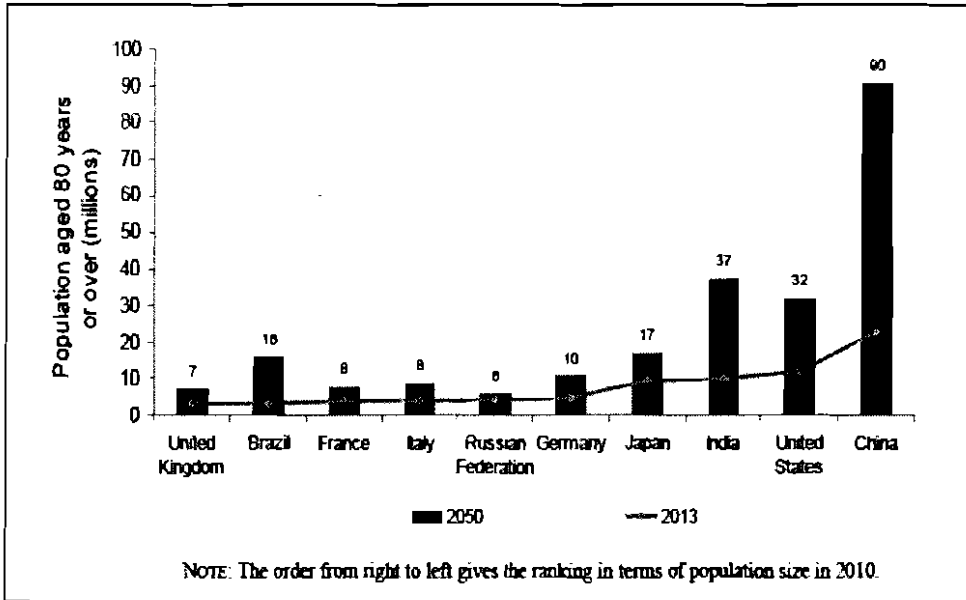
Certainly the whole world has to take up issues of the aged more seriously and urgently but it is truer for developing and least developed countries. At present approximately two third of world’s aged people belong to developing countries. But as their population is growing fast in less developed regions in comparison to that of developed ones; by 2050 about 80% aged population might be living in less developed countries.

It is also important to keep in mind that not only aged people are increasing but also they are ageing. Presently the proportion of ‘oldest old’ in total aged population is about 14%

but it is estimated to be 19% by 2050. That means by 2050 there can be 392 million people having age 80 years or more. This number would be three times that of current.

Graph 2: Top ten Countries with the largest population aged 80 years or over in 2013

Top ten countries with the largest population aged 80 years or over in 2013



Source: *Top ten countries with the largest population aged 80 or over in 2013*, pp 33

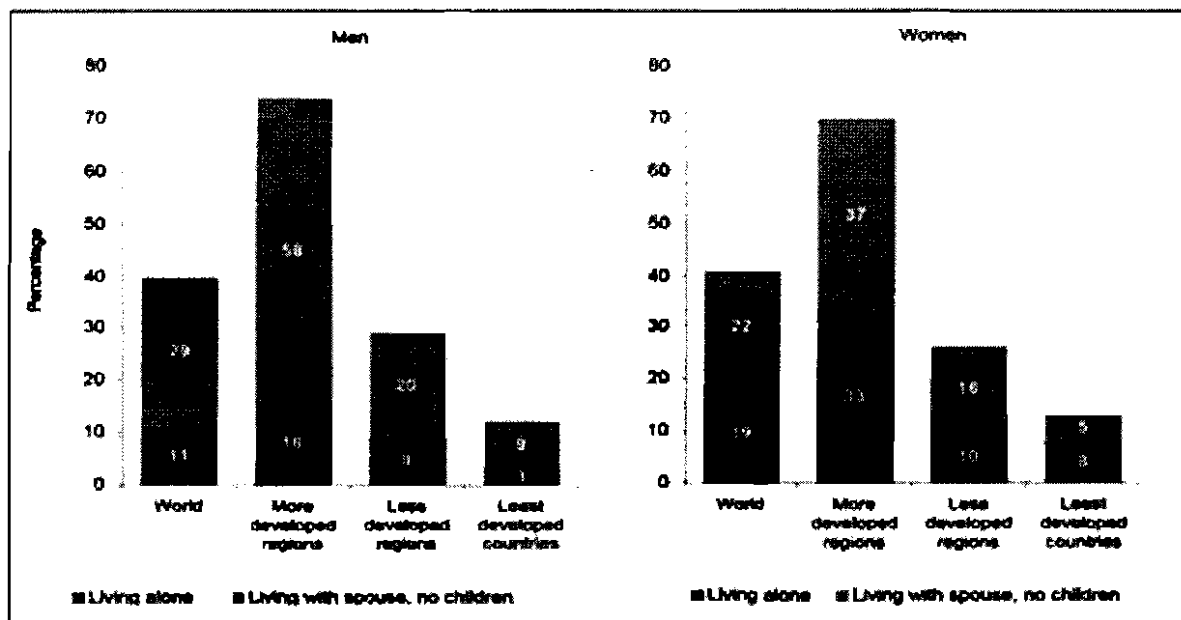
Aged population is also characterized by gender biasness apart from its ageing. As female tend to live longer their share in aged population is higher. Currently for every 100 female aged there are 85 male aged. This trend develops further with higher age. In the group of aged, 80 years and above for every 100 female there are 61 males presently. As per various estimations there might be moderate increases in these sex ratios in coming decades. This moderate and not fast increase would indicate improvement in old-age mortality among men in relation to women.

Aged people living independently form a major part of population. About 40% aged either live with spouse only or live alone. This phenomenon is more frequent in developed countries as about 75% of aged there live independently, while this figure in case of developing countries is about 25%. With population growth and development this tendency is certainly going to increase in general and also in developing countries. Further more about

half of women who live independently, live alone. On the contrary only quarter of independently living older male live alone.

Graph 3: Proportion living independently (alone or with spouse only) among persons aged 60 years or over by sex: world and development regions, 2005 Source:

Proportion living independently (alone or with spouse only) among persons aged 60 years or over by sex: world and development regions, 2005

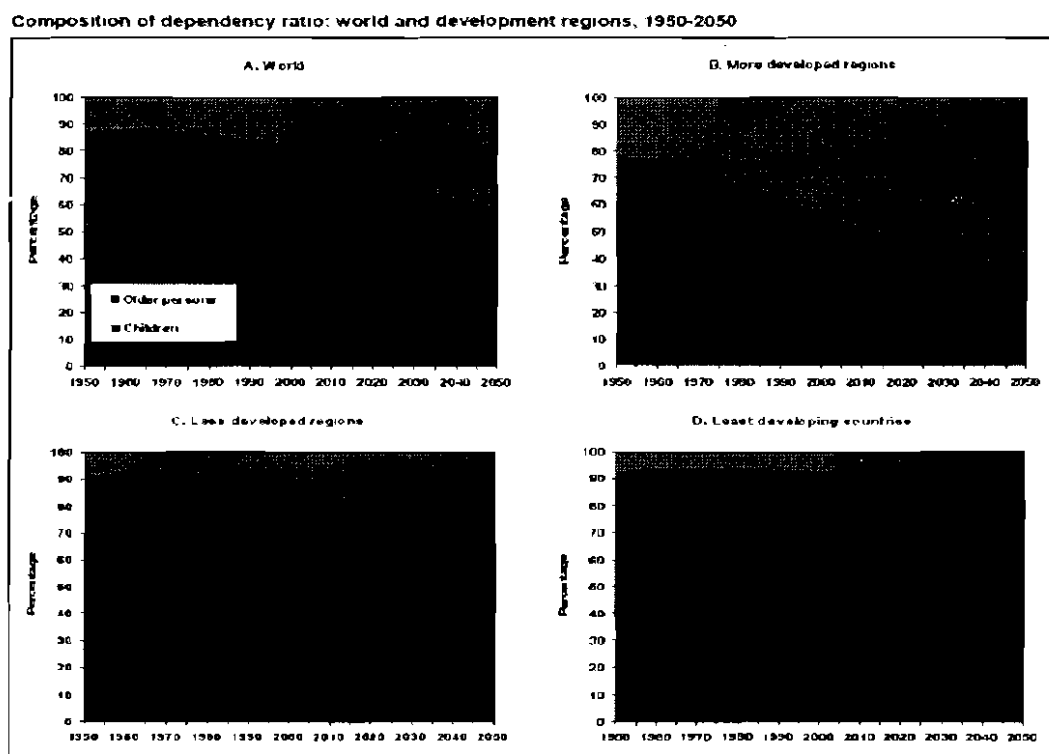


Source: *Proportion living independently (alone or with spouse only) among persons aged 60 years or over by sex: world and development regions, 2005, pp 39*

Life expectancy at old age is a significant criteria to analyze the wellbeing of aged, care provided by the family or other such institutions, services, schemes and expenditure incurred by the government, available facilities, physical, financial and psychological health and also to estimate the trend of older population growth. Life expectancy at the global level is 20 years at the age of 60 and 8 years at the age of 80 presently. There can be seen a significant difference in case of developed (23 years) and least developed (17 years) countries. It simply indicates differences in capacities, financial and social policies and in measures taken up by these countries. Life expectancy in case of aged will also increase in coming decades presenting more number of aged people and providing them with more time. Also as per the estimations male-female gap in aged life expectancy would decline in case of more developed regions while it may further spread in less developed regions.

UN considers Dependency Ratio as the number of persons below age of 15 years in addition with persons above age of 65 years over 100 persons of age 15 to 64 years. It indicates dependency in the society. It is going to rise in the next 3-4 decades especially in the more developed countries. In 2013 the share of aged population in the dependency ratio was 51% and it is estimated that it will reach up to 62% by 2050.

Graph 4: Composition of dependency ratio: world and development regions, 1950-2050



Source: *Composition of dependency ratio: world and development regions, 1950-2050*, pp 23

In South Central Asia there is a narrow gap in sex ratio in aged population. For people above 60 years it is 92 men per 100 women [pp 93].

Similarly due to younger population Share of Old Age people is less in Dependency Ratio for South Central Asia. There is 55.3% total Dependency Ratio while only 7.8% aged Dependency Ratio. [Table A.III.3. Selected indicators of ageing: world, development groups, major areas and regions, 2013] pp 92.

India ranks 105 in the world ranking by percentage of population aged 60 years or above with 8.2% aged population [Table A.III.4. Country ranking by percentage of population aged 60 years or over, 2013] pp 94.

Indian Scenario

Table 1: Dependency Ratio (Old) of India

Years	Total	Male	Female	Rural	Urban
*1981	12	11.8	12.2	13	9.2
**1991	12.2	12.2	12.2	13.2	9.7
@2001	13.1	12.5	13.8	14.1	10.8
@2011	14.2	-	-	-	-

Source: *Office of registrar General India*

*Excludes figures for Assam in 1981 where Census was not conducted.

**Excludes figures of Jammu & Kashmir where census was not conducted.

@Excludes 3 sub divisions of Senapati district of Manipur

It can be observed by this table that there was almost no increase in total dependency ratio (old) from 1981 to 1991 but then there is a sudden increase of 0.9% point which showcases that higher population growth and lower mortality has changed the age composition of population. The above trend not only continued but also got strengthened in 2001-2011 decade. There is 1.1% point increase in old age dependency ratio, i.e. not only more people are crossing 60 years age milestone but this percentage increase itself is rising fast. This trend is likely to continue as working age population is very high today in India and this young and middle age population will increase the numbers of elderly in coming decades. It is essential to not only foresee the coming issues and problems and try to find their solutions but also find and invent the best ways to utilize this Human Resource in near future.

Female old age dependency ratio is constantly higher (or equal) than that of male which indicates female biasness in aged population and raises more concerns about their situation. Due to higher life expectancy and survival ability it is natural to have more elderly females but then extra efforts are required to tackle their double or triple (widowhood) burdens. There is rather small increases in old age male dependency ratio but a sudden jump of 1.6% point in female old age dependency ratio from 1991 to 2001. It further raises burden of elderly females and demands for quick action.

Rural old age dependency ratio is always higher than that of urban ones and that too with very high margins (3-4% points). Rural to urban migration in search of better educational, employment facilities and standard of life attracts more of younger population and elderly population stay back in their rural homes and wait for remittances.

From 1981 to 1991 there is lesser increase in both rural and urban old age dependency ratio (in line with total ODR) but this increase is higher for urban areas (0.5% point) than rural areas (0.2% point). It shows shift of even elderly population towards cities and can be said a part of high rate of urbanisation in country. In decade of 1991 -2001 there is a very high rise in ODR in both rural and urban areas. It can be viewed combining both the phenomena of urbanisation and overall increase in old age population.

It is again interesting to see that there is a much higher rise in ODR for urban areas (1.1% point) than rural areas (0.9% point). This trend ensures that this urban greying will continue. As it is known that population of India is very large (2nd highest in the world) and its population growth rate also remained high for long time showing lesser increase recently. So any percentage rise in dependency ratio will add a very large number of elderly people in the demographic scenario (due to higher base and higher percentage increase). So it is of utmost importance that we must be prepared and well equipped to deal with the situation in the upcoming decades and crucial steps have to be taken now.

Scenario of Delhi

Table 2: Dependency Ratio (Old) of National Capital Territory (NCT) Delhi

Years		Population by Age Groups (in Lakhs)				Dependency Ratio (Old) (in %)
		15-59	60+			
		Total (M+F)	Male	Female	Total	
1981	Urban	34.4	1.4	1.1	2.5	7.2
	Total (U+R)	37.2	-	-	2.8	7.5
1991	Urban	51.2	2.1	1.9	4.0	7.8
	Total (U+R)	56.6	-	-	4.4	7.8
2001	Urban	80.3	3.4	3.3	6.7	8.4
	Total (U+R)	86.2	-	-	7.2	8.4

U= Urban R= Rural

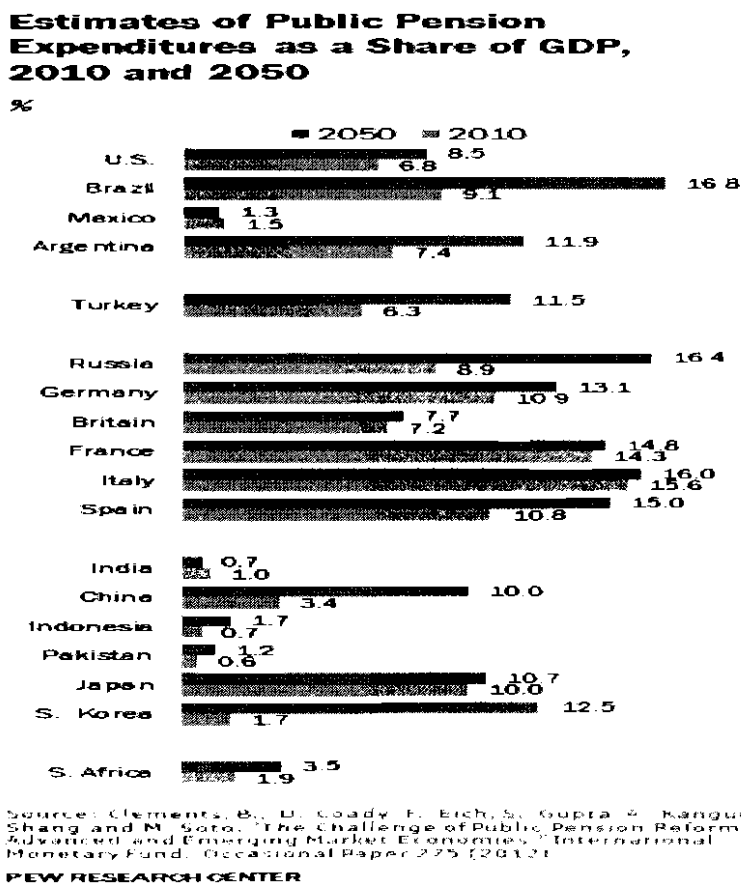
M=Male F= Female

Source: Calculated and Compiled by the researcher from different Government sources

Pension:

One major factor to observe condition of elderly is state support to them. It is usually measured by public expenditure on Health care and Pension as a share of GDP. Developed countries including USA and many European countries share the maximum share of GDP on this sector in the world. While US spends about 13% of GDP on Health care and Pension other countries like France spends more than 20%. On the other hand in case of India this share is about 2% of GDP (Clement, et.al, 2012). It is not very much surprising to see high GDP share in case of Developed countries as proportion of old age population is very high there and existing social sector schemes, universal pension and health etc. mean higher expenditure. Younger population, low coverage of social sector schemes and lack of resources are the major reason in case of India. But Indian state should not hide from its responsibility merely by claiming it a developing country. Because not just China (which sends about 5.6%) but even South Africa (5.1%) is much ahead of India.

Graph 5: Estimates of Public Pension Expenditures as a share of GDP, 2010 and 2050



Source: *Pew research center, 2014*

Further in case of Pension it is clear by the Graph 5 that India spends about 1.0% of GDP for public pension. It is a fact that India's aged population will rise from 8.6% to about 20% of total population. Rise in number can be about 360% (Economics times, 2012). This rise will surely need a larger public expenditure. But estimated data show that there is a decline to that of 0.7% by 2050; which is very less even after considering projected high growth in India's GDP and inflation. Data show change from 6.8% in 2010 to 8.5% in 2050. It is disheartening to note that while there will be a rise in case of this share for USA (whose GDP growth is likely to be more stagnant), India would see a fall.

**Table 3: Programmes and schemes for the aged in
India**

Retirement Benefits for Formal Sector Employees

Programme	Legal Coverage	Effective Coverage	Financing
Employees' Provident Fund	Employees in firms with more than 20 employees (extends to 177 types of establishments)	About 5.8 percent of the labor force.	Employer and employee contributions.
Employees' Pension Fund	Same as above with some exemptions	About 5.4 percent of the labor force.	Employer, government contributions.
Government Employees Pension Scheme	Central and state government employees.	About 3.5 percent of the labor force.	State or central government budgets.
Government Employees Provident Fund	Central and state government employees.	About 3.5 percent of the labor force.	Employee contributions.
Special Provident Funds	Certain occupations and employees in Jammu and Kashmir	About 0.5 percent of the labor force.	Employer and employee contributions.
Gratuity under Gratuity Act 1972 (15 days wages per year of service subject to a maximum of Rs. 350,000)	All formal sector employees.	About 10 percent of workforce.	Employers, including government as employers.
Employees Deposit Linked Insurance (EDLI)	All formal sector employees.	About 10 percent of workforce.	Employers and government.

Self-purchased Old Age Insurance Schemes

Public Provident Fund	All individuals.	About 0.8 percent of the labor force.	Contributions.
Superannuation Plans	All employees	About 0.2 percent of the labor force.	Contributions.
Personal Pensions	All individuals	About 0.2 percent of the labor force	Purchase of annuity-like products.

Social Old Age Supports for the Needy

State level Social Assistance	Varies by state.	Varies by state.	State budgets.
National Old Age Pension Scheme	Destitute persons over the age of 65.	About 15 to 20 percent of the population over age of 65.	Central budget.

Source: (Chakraborti, 2004), *The Greying of India*. p278

**Table 4: Scheme wise estimates and expenditure during 11th Five Year Plan and Budget
Estimate for 2012-13 for aged in India**

Scheme-wise BE, RE and Actual Expenditure during the 11th Five Year Plan and BE 2012-13

Programme/Schemes	(Rs. in crore)															
	2007-08			2008-09			2009-10			2010-11			2011-12			2012-13
	BE	RE	Exp	BE	RE	Exp	BE	RE	Exp	BE	RE	Exp	BE	RE	Exp	BE
3 Assistance to VOs for General Grant in Aid in the field Social Defence	5.00	4.50	3.20	5.00	5.00	3.11	5.00	3.05	3.00	5.00	3.30	3.00	5.00	3.00	3.00	5.00
4 Assistance to Voluntary Organisations under the Scheme of Integrated Programmes for Older Persons	22.00	20.00	16.13	22.00	22.00	17.72	22.00	22.00	19.72	40.00	30.00	20.67	40.00	25.00	19.99	40.00
5 Scheme of Assistance for Establishment of Old Age Home for Indigent Senior Citizens	1.00	0.00	0.00	13.00	13.00	0.00	15.00	0.00	0.00	100.00	1.00	0.00	0.00		0.00	80.00

Source: *Delhi statistical handbook, 2013*

The Indian old age security system can be classified as follows- (pewglobal, 2014)

- 1) Civil Service Schemes
- 2) Employee's Provident Fund Organization Schemes (EPFO)
- 3) Occupational Pension Schemes
- 4) Public Provident Fund
- 5) National Old Age Pension Scheme
- 6) National Pension Scheme
- 7) Micro-pensions and Other Alternatives

Table 5: Coverage of aged under various schemes and funds in India

	Year	Coverage in Millions
EPFO ^a	2011-12	85.5
Civil Servants ^b	2009-10	2.6
State Government ^c	2009-10	7.4
Local Bodies ^d	2009-10	2.1
Central Government Autonomous Bodies ^e	2009-10	3.5
State Government Autonomous Bodies ^f	2009-10	2.4
Defense ^g	2012-13	1.3
PPF ^h	2009-10	1.0
NPS(excluding bcdef) ⁱ	2013-14	2.2
NOAPS ^j	2004-05	2.2
Formal Sector coverage outside EPFO ^k	2009-10	5.0
Micro-pension and other Private pension ^l	2011-12	2.1
Total		117.1

Source: (a) EPFO Annual Report, 2011-12; (b) (c)(d)(e)(f) <http://mospi.nic.in>; (g) World Military Balance, 2013; (h) Stelten (2011); (i) <http://pfrda.org.in>; (j) Estimated from NSSO 61st Round and Tendulkar Report on poverty; (k) Stelten (2011); (l) Stelten (2011)

Social policy on senior citizens in India has been made in the era of globalization where public spending on social policy is still skewed than other socially developed countries. Demographic change has its entangled relationship with the issue of social need and social policy. Urban region, where population increase is certain attracts social issue before the country. According to United Nations Population Division, half of the population will be living in urban areas by 2030. There is also increase in the proportion of ageing population in most countries. The population of aged numbers and dependency ratio will play a major part in the development of the nation. As per United Nations Population Division the dependency ratio has shown a steep increase in 125 countries out of 192 countries including for the study in the duration of 2009 to 2013 year. This increasing burden on the working age group will have adverse effect in the changing family and social structure.

In the era of commodification, ageing and health care needs is likely to burden the spending of family; hence, gaining or sustaining respect becomes the ideological question

and raises sociological concern to look into the issues with the broader perspective to work as a social engineering tool to plaster the augmenting breaking side of the societal structure.

Average size of the household is decreasing with the increase in single person household. It is also significant to note that demand for housing increases as the increase in the urban population. It was also brought to notice that aged urban population in Delhi is increasing. Hence, pattern of house hold and family are important for social policy (Baldock et al, 2012). There has been three quarters increase in the independent sector providing home care in 2005 compared to only two percent in 1992 in developed country. (ibid: 288)

CHAPTER II

STUDYING THE CONDITIONS OF THE URBAN MIDDLE CLASS AGED IN DELHI

INTRODUCTION

Ideally, policy making must begin with consideration of how the beneficiaries are currently dealing with the identified problem(s) and what gaps they are facing. For the middle class aged this means identifying their needs and their coping mechanisms. In a city such as Delhi, with working women, nuclearization, competitiveness and atomisation, the time and space available for the aged in families is shrinking. Old Age Homes have been one option that has been initiated by NGOs and supported by the government. Even now, despite the policy draft document of 2011 focussing more on 'integrated living' the government action has been either of giving below subsistence pensions to the BPL aged, or of An OAH. This study is an exploratory one to understand the needs and coping mechanisms available to the middle class aged in Delhi.

The chapter elucidates the genesis of the idea behind the study. It presents a literature review that explains the situation of the urban Aged with emphasis on the middle class aged. The chapter also mentions the rationale behind the study of the Aged within family and the Aged in the Old Age Home and its methodology. It mentions the operational definitions used in the study. It enunciates the research design which includes sampling, sampling framework, inclusion criteria, exclusion criteria and data collection method. It illustrates the profile of the field which includes description of intricacies of Adarsh Nagar and An Old Age Home. Finally, it summarises the limitations of the study and its ethical requirements.

REVIEW OF LITERATURE

Demography

The sudden increase in elderly population has not only made a disastrous impact upon social, economic and political scenario of the nation but it has also left some unanswered questions before society. According to an estimate global number of elderly (age 60 +) would double from 322 million in 2000 to 705 million in 2025 (UNFPA,2000).

Population ageing is thus, as pointed out in UN (2007) an precedent, pervasive and enduring phenomenon facing all countries of the world today (cited in Nair, 2009) population aging is the most significant result of the process known as demographic transition (WHO,1999).

There is a drastic change in the population of aged persons in India. Even the population of aged persons in age group of 80s and above are showing growth by 700%, while (60+) are showing trend of 326% increase and overall population shows 55 % growth trend in (2000-2050) years.

1/18th of the Worlds Elderly Population lives in India (UN, 2002). Strehler (1962) proposed four criteria of aging, which are: Aging is universal, aging is progressive, Aging is intrinsic and Aging is degenerative. Aging and Death are universal. (Singh and Yesudian, 2007)

In a study this has been found that 60 percent of elderly women are widows in both rural and urban areas, 0.5 percent of the elderly are living in some old age home, either private or public, and 47 percent of them depend upon their children and spouse for living. The health condition of elderly women is worse than their male counterparts in rural and urban area. More of the urban elderly women are sick or bed-ridden than their counterparts in rural areas. (ibid)

In a study this has been found that male and female residents who have been living in homes. They have their own reasons. The finding of the study indicates that female residents live with their children till death of their spouses. Male resident join homes due to maladjustment while their wives stay with their children at their homes (Mishra, 2007)

It is generally found that many of the diseases still exist but they do not find themselves handicap before old age. Later on, they feel intolerant to those diseases and think that they have suddenly become ill. They feel disability due to old age. It was also observed that 53 per cent of the retirees mentioned that they never worry about their health in post-retirement life. (ibid)

Living arrangement:

In the traditional Indian family structure generations live together in upper caste. There elderly people enjoy a respectable status in the family. While the nuclear family is on rise, elderly people have gone on margin and they feel desolated and neglected. They have to take care for themselves. The relationships among family members with elderly became tense and estranged together. This led them to free from family residences to homes for the rest of their life.

There are so many factors which are responsible for living arrangement such as marital status, health, education, kinship patterns and cultural traditions including social support system available to the aged (Van Solinge, 1994).

Reasons of Aged shifting to OAH

There are various reasons to stay at homes, because they have no other alternatives. They have cited more than one reason to shift to homes. Dandekar's 1996 study also cited the same reason to shift or take shelter in homes. She found the inability of 64 per cent to go to homes and 45 per cent had shown lack of money.

Rammurti (2001) had also mentioned in his study across the state of Andhra Pradesh that most of the residents came to homes either of poverty or lack of care.

Rani (2001) studied residents of a home in Andhra Pradesh and she had cited in her findings that they came to home due to lack of money.

Mishra (1993) and Nalini (1997) cited that elderly persons stay in the homes due to domestic quarrels and conflicts in their families.

Decay and decline in family solidarity, institutions are being established to take care for the sick, ill and undesired elderly people. This has not only thrown the elderly people in homes but their life has been institutionalised in last phase. Main characteristics of institutional life are regimentation, regulation, standardization and impersonality (Webster, 1961). Liberman (1961) in a study on the institutionalized elderly found that they are docile, depressed, unhappy, intellectually ineffective, possessing a negative self image, submissive and having low interest in surroundings. Cassem and Steward (1975) had found in their study that greatest fear in their mind is abandonment by others.

Every member who is not contributory to the family income is being understood as unwanted and undesired. They seem to economic burden to the family (Friedburg and Welty, 1958). Married women were once the caregivers of old parents due to economic reasons. Now, the family ties are loosening and old people have been neglected and desolated. These are same factors responsible to join old age homes.

Suicides:

Behera et.al conducted a hospital based study at AIIMS for 10 years on those who had committed suicide aged 60 years and above and found psycho-social reasons and chronic ailment as the major causes for suicide among the aged in Delhi. They continue to reason out the less no. of aged suicide in the total 2012 record cases in AIIMS are the social relations which bound their needs and status together. This was delineated by the developed nations where proportion of suicide among aged is more as compared to India. They also mentioned the constant number of incidents each year. Seasonal deaths were also measured and found that more number of suicides take place during rainy, autumn and winter season.

Rao A. V (1991) says the rate of suicide is higher among the aged than to the average National Rate of Suicide.

Isolation:

Peters (2004) asserts that isolation and aging go hand in hand and with time social networks tend to shrink. In another study, Kaur and Malkit (1987) outline the psycho-social problems of the aged population in India. The study underscores the impact of social isolation and loneliness, satisfaction in life and intergenerational relations. The study shows that loneliness is a more pronounced problem in old age in rural settings.

Anxiety:

Prakash (2004) in his interesting study noted high levels of anxiety in aged people, caused by continuous decline in physical health.

Interpersonal relations and social support

Nathawat and Rathore (1996) consider interpersonal relationships in one's society a major contributor in sense of well-being. Chadha and nagpal (1991) in their study find the level of social support and life satisfaction to be significantly related.

Psychosocial problems

However, Gupta and Vohra (1987), in a study in Rohtak, Haryana found clinical depression to be the most commonly diagnosed psychiatric problem. The latter study also finds that 77.09 per cent of sample belonged to rural areas.

Although these studies point to the growing prevalence of depression among elderly, many studies further point to the fact that depression is largely under-diagnosed among elderly people (Garrard et. Al, 1998).

Literature says there have been lot of studies done on Middle Class Aged as they are vocal in politics and also in policy making. We need to understand, the nature of Middle Class and what issues it raises in the globalised arena to contribute in the development and not dependency.

The present of Ageing

The Genesis of the Study

The question which arises is the genesis of the idea which was chosen in the midst of other existing and emerging issues. This issue was undertaken when I thought about my *childhood widowed grandmother* (who was a sister of my paternal grandmother) and her life. She lived for us but we couldn't offer her "the time" which she wanted the most. This pain and guilt asked me to go for such issue which was earlier found as very dormant concern of ageing of aged community. To the best of my ignorance I considered aged community as very small with no such major aspirations or need for instance, their desire to share old and present memories with any person, especially in an urban setting. I thought that if aged prefers to stay isolated it is their wish and their degradation of societal communication skill and losing ingrained habit of interaction. They have been seen sitting for hours with no one else around them whether in rural community or urban area. My observations strengthened my misconceptions that less activity, less resources, less people around them, less hunger and safety they need. I believed that all they "need" is love and care. This need based debate throughout world directed to focus on need; this varied from country to country, region to region. The need of the times is to scrutinise the needs of ageing and the felt-needs of the aged and to highlight the needful comprehensive areas to address the phenomena of ageing in a descriptive manner.

Ageing is a process of growing old, a child ages, a person ages which is a natural phenomenon of ageing. The study takes into account the experiences of Ageing of certain sections (middle class) of persons who are 60 years of age or above. This is an UN and Indian criterion to use chronological measure to define, aged who are above 60 age group for bringing out change through social engineering and building social developmental measures or for that matter social policy.

The Urban Aged

Since independence, India has witnessed changes in every sphere. The contribution of industrialization and modernisation paved way for urbanisation. Migration took place to delve into employment from rural to urban spaces. This migratory nature revolved around the cities making it more developed and flourished. In-migrated managed to settle in the city, leaving behind families in the rural structure and in the hands of joint family system in which aged spent their lives. But those who migrated in urban spaces experienced different set of exposures in the urban social structure. Hence, studying urban space becomes important in the changing scenarios of the Ethos and norms of Society. We have not seen OLD AGE HOME in rural spaces, majority of them have not even heard about it, explaining the very structure and living pattern of Old Age Home horrifies the rural folks as what was observed after discussion with few aged villagers of Uttar Pradesh.

The emergence of Old Age Homes in cities draws attention not only from the sociological perspective but also from economic and political perspectives. The need is to understand the essence and emergence of OAH in cities. The question which emerges is the proliferation of an OAH. Moreover, the very fabric of family support system is getting thinner.

Table 6: Old age (60+) Population (in percentage) for India and Delhi for year 2006

	Total			Rural			Urban		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
India	7.3	7.1	7.6	7.6	7.3	7.8	6.8	6.4	7.2
Delhi	5.1	4.9	5.2	4.6	4.5	4.6	5.1	5.0	5.3

Source: *Office of Registrar General India*

It is clear from the above table that Delhi has a relatively younger population than the country as a whole. Also that, even though in whole of India percentage of Old Age population is higher in rural areas but in Delhi that percentage is higher for urban population. Furthermore, Delhi has 97.5% of urban population (as per 2011 census) which gives much higher number of people above 60 years. Taking this into consideration need of studying urban aged population is imperative and useful.

The Middle Class Aged

Middle class is the complex section of intermix of the societal processes and economic structures. It is the carrier of the cultural ethos, religion, economic, social values. It is the outcome of the changing scenario in developing country like India where it is considered emerging and proliferating class. Significant number of working age group falls in the category of middle class group. Moreover, increasing dependency ratio is alarming with the changing trajectory of the social structure, norms and economic structure. Not only this, this class is very much conceived as sandwich class in countries like Singapore and Hong Kong. Middle class can bring changes in the political, economic and social scenarios. Middle class has the bloating vote bank capacity to bring changes in the policy and economy of the country despite the fact that issues and concerns of Aged are kept aloof from the planning commission of India. Irregularity of money being spent on Aged, poor delivery services and unmet needs that go unseen and unheard make the situation worse.

Middle class is capable of formulating the public opinion, public consciousness, taking civil responsibilities etc. which help counter the autocracy government. Drawing an analogy here, middle class is similar to the foundation of a building which is strong enough to shake the whole structure. If this powerful stratum is not addressed or directed properly there are chances of anarchy and concomitant social problems.

Social policy is formulated not only through humanitarian approach, but, also to control society and for profit-making (for certain sections of society). Hill (2003) says it is a way of exercising social control and it is typically patriarchal in nature. Foucault's observation that "power runs everywhere" is very relevant in the context of middle class and the government. Since, domination of power is exercised through social policy; middle class carries the ethos to use this section as vote bank politics and also wields bargaining power through dialogues, discussions, media, conferences etc.

Comparative Study of Aged within Family and Aged in Old Age Home

We cannot study human behaviour and its relations in an isolated compartment. We have to study and understand the constant relationship of the subject with the environment. The aim of the comparative study of Aged within family and Aged in Old Age Home is to scrutinise as to why Aged are shifting to Old Age Homes leaving their family. It aims at examining the reasons behind the breaking of the family system, norms, values and their

structural adjustment in the changing scenario of the urban space. It also attempts to find out the needs of the Aged in the family which are not being fulfilled.

Operational Definitions

Social policy: Social Policy refers to guidelines and interventions for creation, maintenance and changing of living conditions that are favourable to human welfare. Social policies are health, education, employment, food and housing for all people. (Jose G, et al. 2011)

Ageing: Ageing is a procedural phenomena signifying through four distinct manners viz. chronological, biological, psychological, and socio-cultural.

Chronological ageing: Chronological ageing is where crossing of 60 years of age brings it in the category of aged. It varies from country to country.

Biological Ageing: According to Joseph (1991) and Timonen (2008), biological ageing refers to bodily changes due to internal and external factors which are very much apparent in later phase of life. A person who does not care about lifestyle, diet, environment, medical care, etc. tends to age sooner than those following ideal lifestyle.

Psychological ageing: Psychological ageing is the gradual degradation of cognitive process which includes responding to stimuli and other environmental images and symbols. This psychological ageing refers in comparison to the aged of similar age group. One might not be active and hesitant about doing some task considering embarrassment due to age whereas the other might be feeling active at the age of 72 and also, getting along with young people easily.

Socio cultural ageing: According to Timonen (2008) this procedural change is based on the understanding of the roles that gets attached to individual performances such as father in law, grandchildren etc. These changing roles are concomitant to the expectation of certain behaviour. Sociological perspective conceives ageing as “the person as well as the socio cultural environment with which he interacts, taking into account the attitudes and values of society as well as the self conceptions of the individual”. (Lee, 1962); the socio cultural

perspective looks through a value system of society and not the age or physical deterioration.
(ibid)

Aged: In India, those individuals who have attained the age of 60 are considered to be aged. (Singh and Yesudian, 2007)

Need: Understanding needs become imperative to locate the niche in the changing scenario for the aged; this is discussed world over. Moreover, it is the term “Need” which is a complex phenomena and the web of understanding of “need” through which the tracing of the single thread of the measure from the web to the beneficiary is a critical and highly researchable issue. Dealing with the needs of the issue gets due space in the research because all the resources address to humans in their priority which is highly complex and various factors play out the role in determining “Needs” which is changing under the immediate and long term environment. Therefore, one of the objectives impelled to take a dip into the ageing world to find out the degree and forms of needs of the Aged. Bradshaw in 1972 defined four kinds of need viz. normative need, felt need, expressed need, comparative need and technological need.

Normative need: Needs are listed down by the experts through scientific study or not but here, professionals are deciding factor for the beneficiaries.

Felt need: Beneficiaries or the subject to be studied feel the need which might be influenced by the individual’s socialisation, norms, values, level of knowledge and the environment etc.

Expressed need: The expressed need is not only felt need but also influenced by other factors, such as fear, incompetency, hesitance of the beneficiary. It may also be the result of strained relationship between two parties who are bargaining. The beneficiary is incompetent to convey what one feels one’s needs are.

Comparative need: Two situations are studied for the prioritization of need wherein one area or population get resources and other is deprived of such services. Comparison helps determine which section needs the most.

Technological need: Advancement in technology gives an opportunity and options to use the services rather than the actual need of the people. This technology driven need is somewhere impelling to discover technology rather than work as a niche.

Objectives:

1. To analyze the social policy for senior citizens in India.
2. To understand the conditions of aged living with families and in old age homes environment.
3. Understanding the variations in needs and coping mechanisms used by aged within families and in old age homes

Research Questions:

1. How do the Aged perceive ageing?
2. What are the strengths and limitations for aged living in families and in old age homes?
3. What are the available entitlements and facilities for the aged of the middle class (urban areas of Delhi)?
4. What are the coping mechanisms of the families to deal with the needs of the Aged?
5. What are the problems faced by the aged living with the families and in old age homes?
6. What are the alternatives available for the aged to engage in family and also in community?

Research Design

Research design denotes the complete process of research which includes planning, structuring and strategic investigation conceived as to get answers to research questions. It contains the blueprint of what the investigator plans to do from operational definition to final analysis of data.

A descriptive exploratory study was undertaken in two settings—and Old Age Home and the other in a middle class residential colony where the aged live in families—to find answers to the research questions.

Sampling

Sampling is the procedure of selection of units out of the universe. The present study is carried out to analyse the social policy in the context of ageing and their needs and coping mechanisms in different settings. Aged population with more than 60 years were universe of the sample, among these 23 of them were selected using purposively sampling technique. Total number of the old age population was enlisted from the voter list of Adarsh nagar ward-4 from there aged of Adarsh nagar area were selected leaving the alongside colonies listed in the PDF file of the election commission of India. The total population of aged was 1381 of Adarsh Nagar updated on 22 March 2014 of which 13 samples were selected for the study. There are total 41 old age homes in Delhi as per help age India 2009 out of which one NDMC run old age home where middle class were residing was selected. There were 52 inmates resided from which 10 aged were made part of the study. So, we can calculate by saying 23 aged persons for the study in total from formal and informal institutions were selected.

Sampling Framework

The study sites were purposively chosen based on the criterion that they cater to the middle class and feasibility of data collection in a short period.

Non-probability purposive sampling was used to select 10 aged persons for in-depth interviews in the two settings. Along with the selected aged, if they had a spouse, their spouses were also interviewed, thus the total number of respondents became 23 aged persons from the two settings.

Inclusion Criteria

In the residential colony, an attempt was made to ensure that the diversity of conditions in which the aged were living was included, such as:

- On the basis of living arrangement whether single, nuclear, extended, joint family
- Gender
- Retirement
- Membership of existing old age association in the area.
- Disability
- Under Old age pension scheme or not
- Different blocks have different characteristics of neighbours
- Multiple/ different lanes

- working family
- living pattern

Exclusion Criteria

- Avoid clustering of cases in the same lane
- Avoid choosing same gender of equal age group
- Aged from same profession or friend circle.

Data Collection Methods

Case Study: Case study comprised of visits to Old Age Homes to get the idea of its construction and functioning as an institution. Researcher visited OAH for middle income group, run by government considering the Aged staying there. Check list and interview schedule helped in collecting information after selecting the samples. Adarsh nagar site was visited to get the view of the role and living experiences of aged living in the colony. Group discussions in the park, interviews with aged in their houses, discussions with aged at the association were taken up with the help of voter list and pensioners list of MLA and counsellors. This contributed in bringing out issues related to ageing, participation in the programmes organised by the help age welfare association in the colony provided insight and new dimension to understand ageing. Selection of case studies randomly through the voter's list may not have given much insight about the diversity of conditions or the various types of collective action and coping mechanisms of the aged. Samples were selected on the above mentioned criteria and in depth interviews took place over several visits. This helped in catching the different moods of the aged. This was more pronounced in OAH rather than in family. With the observation it can be inferred that emotional stability was more among the aged in families even in changing environmental variables. However, in an OAH despite the regular repeated routines, the aged responded markedly differently on different days.

Different appropriate timings were approached for interview, old-old and oldest-old preferred to meet in the morning or in the evening, young-old did not show inconvenience for the interview at noon. In an OAH also they conveniently responded to interviews. Observations at various timings, seasons, and occasions were captured. This demonstrated to an extent the life, which could not have been captured in regular visit at one stretch.

Profile of the Study Sites

Adarsh Nagar

Location of the area: Adarsh Nagar is a colony, residential area situated opposite to Azadpur fruits and vegetables market. Grand Trunk road which was built by Sher Shah Suri, divides these two areas. This road leads to Karnal via Narela by the left side of Adarsh Nagar.

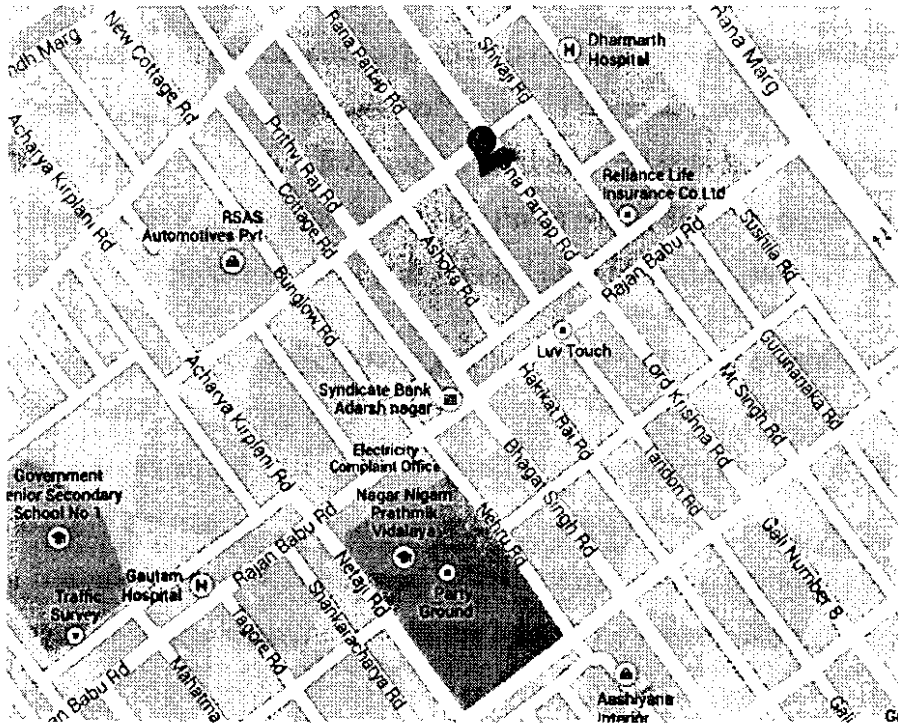


Fig 1: Adarsh Nagar and its locality

Adarsh Nagar is a resettlement colony which was established by the then Prime Minister Indira Gandhi. On the right side of Rajan Babu road other colonies are also situated which are very well connected with Adarsh Nagar through common market of Adarsh Nagar, these are Majlis Park and Indira Nagar. Adarsh Nagar is broadly divided into two areas, Adarsh Nagar and Adarsh Nagar extension. At one corner, near its main entrance small portion is called Mool Chand colony. In Moolchand colony mainly people from lower middle class live.

The area has been marked into blocks and name of the lanes by the Election Commission of India but people know it by the name of the lanes only. There are 26 lanes and a main road connecting houses. These houses have now been converted into flats. Needs increased with the increasing family size, migration and people's buying capacity and so did

the housing arrangement. Majority of the people here are into business. They sold one or two flats to put the capital into business either to compensate for the loss or as an investment, others sold it as per the need of the family. Joint families got separated in to smaller families. Earlier it was 1400 households but with the pressing need of the houses, vertical pattern of housing took place converting some joint family system into nuclear families, also new families coming into the area through migration; now, it has increased to approx. 4000 household. This increasing pattern not only stressed on the housing structure but also stressed on other resources such as roads, schools and space. Wide roads narrowed into lanes, houses turned into flats, sitting under sun for long hours during winters became thing of the past. Now each flat has on an average minimum one vehicle occupying the space where aged used to sit and interact with neighbours. This is also one reason to shift to park for open space.

Females spend most of their time at home since they are socialised in a manner that they do not feel unease in living at home unless they are required to step out. But as the changing circumstances and the structure of family system pressuring these aged section to look for some other alternative. Adarsh Nagar is a “super village” which is said by the key person of the community area who has seen Adarsh nagar turning it into town which had all the characteristics of village when he bought the land. People lived life by sharing the scarce resources of less electricity and water supply with the financial crunch of families as well. One refrigerator, one T.V. of the house and one telephone connection suitably worked for many households of one lane. That is how the key person recalled the initial days of 1960s of Adarsh Nagar; but as per Election Commission of India, Adarsh nagar is town and its Tehsil is Model town.

History of the colony: Since 1988 the colony is under the authority of Municipal Corporation of Delhi. The colony was under the control of Delhi Development Authority before that.

Occupation: Largely people are in self employed businesses of diverse field, many are in Azadpur market. However, the residents are highly varied in occupation and class. Some are Rickshaw pullers, Auto/Taxi drivers while some others are Supreme Court / High Court advocates, Chartered Accountants, working in MNCs, owning numerous factories and some work in various ministries. Thus class varies from lower income group to higher income group, with huge variation in educational levels, and living standards.

Demography of the aged population among the total voters:

It also shows the dependency ratio on the working age group who are above 18 years old; population between the ages 15 year to 18 year is missed due to lack of availability of Data and convenience.

Table 7: Aged Population in Adarsh Nagar

Age Group	Male	Female
60-69	392	379
70-79	246	230
80-89	75	49
90-99	4	6
above 100	1	0

Source: *Calculated from the electoral list on the Election commission of India's website*

Recreation: Subhash Park is a large common park for Adarsh Nagar colony and other nearby areas such as Majlis Park, Indira nagar and Jahangir Puri. It is one of the most happening places in the evening. Apart from trees, green grasses there are benches and shades to sit and enjoy. Various swings and sports and recreational equipments for children are there. It is a common meeting place for many. Morning and evening walks, joggers, playing children and chatting people are very common scenes. Adjacent to park is the MCD land for public and private celebrations. Events such as marriages, traditional festivals such as *Ram Leela, Ravan Dahan, Bhaagwat Paath, Bhajan Sandhya* etc., children's day and Independence Day celebrations, blood donation camps, community awareness programs of NGOs are organised here. There is also one more park adjacent to *Shiva* temple which is small in size and used by nearby locals.

Community Resources: There is a Sai Baba temple which is renowned in not just Adarsh Nagar but also in nearby areas. People come from different places to pray here.

It is situated in the periphery of Adarsh Nagar facing Jahangir Puri. Laxmi Narayan temple in the vicinity is not as huge as Sai Baba temple, but as it is situated near Subhash Park and Market, many devotees visit the temple. Shiva temple situated in Adarsh Nagar extension is a very spacious one. It is also adjacent to a small park. There is also one big Gurudwara near Subhash Park opposite to the Metro Station. There are two private and two government higher secondary schools and one primary MCD schools.

Twenty nine chemist shops, two hospitals, one nursing home, two diagnostic centres and fifteen clinics, two small and two large stationary shops are there in different pockets of Adarsh Nagar. Recently a swimming pool has been established. Due to increasing small families and working women, crèches have come up in Delhi. There is one informal crèche in Majlis Park as well near Adarsh Nagar which is availed by Adarsh nagar women too. There is no concept of day care centres for Aged in the Adarsh Nagar area.

This area which is a town as per the Election Commission of India is not a Gated community; but, in many lanes house owners have contributed to put up gates and guards for security reasons. It is an open community so peddlers keep the roads active throughout the day. Vegetable and fruit vendors pass by every lane to meet the residential requirements at their door step.

The market is certainly a flourished and well established place. Increased density of people and e also increased consumption pattern of the people made it thrive. It has been crowded with more and more large buildings, shops, vehicles and people.

The area is well connected with other places of Delhi through Delhi Metro, DTC bus stand and Adarsh nagar railway station which is in the periphery of Azadpur market. Roads and other basic infrastructure are satisfactory and well maintained in the area.

Senior citizen welfare association: This association was established on the lines of RWAs (Residents Welfare Associations) by a group of active *bania* community in 2005 for recreation, care and welfare of aged people in the community. It was getting government funding and due to this reason high competition for the posts of president and secretary started. This lust for leadership and power conflict created two groups and motive of aged welfare got lost somewhere. Bogus programs and events for the sake of funding became part of it. This conflict and later legal cases made this association inactive. When this association was active it used to call for a monthly meeting of only office members who were all male. It

also organised outings to places like Agra, Haridwar, Jaipur, Rishikesh, Dwarka, Mathura etc. Usually widowers became part of it but a few aged couples also went at times.

Help Age Welfare Association: It is a registered society under Societies Registration Act 1860 and was established in 2007 in Adarsh Nagar. It is a very active association comprising of 72 members who are retired personnel from Govt. Services and businesses class. They include retired Professors, Naval and Army officers; Grade A officers who worked in ministries (HRD, Civil Aviation), IIT Delhi's Deputy Registrar and Bank employees and mostly businessmen etc. It was established by a group of enthusiastic senior citizens with the aims of not only welfare of the aged people but also of other vulnerable sections of society and people in distress.

Membership fee of this association was early Rs. 20 only but now had been raised to Rs. 5100. All the members themselves contribute funds for their activity. Some other well off friends who were earlier neighbours in the same locality but now settled abroad also fund this association. Other people in the community such as some shop keepers and businessmen also donate some amount of money from time to time. There is no political encroachment or government funding here.

Mr. P. P. Khurana is the President and Mr. R. K Malhotra (80 years+) is the Chief Secretary of this association. Two types of activities are done by this association:

First it is for the aged people. This association has a society office cum activity centre which is open from 11-1 at noon and 6-8 in the evening. It has its own fitness centre for the convenience of aged people. It also has a library with collection of 7500 books and sitting capacity for 45 persons. It has subscriptions of many Hindi, English and Urdu daily newspapers. For recreation of members TV, carom board, chess, ludo and other indoor games are available. It uses a cooler and inverter as well. This activity centre is near to market and park so is a proper and convenient place to spend time and enjoy. There is a register which includes complete contact details of every member. There is also a system of attendance. In case of any problem or health issues with any member, peers visit them and provide help in all the manners possible.

One of the most interesting and special activity is celebration of birthdays of members. There is a special program in the office itself on someone's birthday. Aged members themselves decorate the whole area, put balloon and prepare for the celebration.

The birthday “boy” treats other people. All of his family members are invited for this celebration. Every other event starts with chanting of “*Gayatri Mantra*” thrice. Flowering and putting on garlands are the parts which not only make the person feel special about him but also bring tears of joy. A photographer is there to capture the moments and make it a part of memories. As family and social relations are interlinked this special attention to the aged person raises the respect towards him in the family as well. This also puts a social pressure on the family which in a way compels them to treat the aged with more respect and dignity. A higher status in family boosts up their self confidence and brings happiness and also helps attaining more social prestige. A chief guest (such as MLA, MCD Chairperson or councillor) is also invited in the function. Usually other members talk about the birthday “boy”, share their memories about him and then he also speaks up his thoughts and feelings. Then poems, chanting of *Gayatri Mantra*, Sher-shayari and funny activities make the event cheerful.

Second types of activities are for the society. Members distribute ration to the poor and needy of nearby localities. During winter blankets are also distributed to such vulnerable people. They conduct eye check-up camps and organise Bhandaras. They also support meritorious children of not so well off families. They provide money for widowers’ children. For this one member attends the whole ceremony, monitors the expenditure and ensures that proper utilisation of given money is done. They also distribute tailoring machines to poor unemployed girls and make arrangements for their training. They also visit homes for visually challenged persons and spend some time with them. They also provide that organisation blankets and other required items. They organise Bhajan Sandhyas as well.

It is interesting to see how these aged people manage all the activities themselves. They go to various markets, buy and distribute items, organise and monitor events and also keep a check on the use of their donations. Their children are settled abroad, are successful businessmen or are in government services and grandchildren are also engineers, doctors or airhostesses; and still they put their time and efforts, work hard for the cause of others which even younger people find hard to perform.

This association is facing a problem of lack of land. With their growing activities, popularity and members; need of more space has been felt. They have filed all the papers for the lease of some amount of land in the vicinity but the legal process is very lengthy, cumbersome and slow. It at times hampers their enthusiasm and morale but they are still

willing to pursue it. They are also trying to establish some political contacts now which can help them with it.

The main problem with this association is that it is completely male dominant. There is not even a single female member. Women only arrive with their husbands that too only for his birthday celebration.

These aged who are considered “weak”, “mere recipient of services”, “non productive burden”, “senile” and “dependent” are not only taking their own proper care, celebrating lives but also with their sincere efforts bringing joy and lights to so many deprived and vulnerable individuals of society. Their support to the blind, to widows, the poor and needy and their own ways of enjoyment among them sets a new path for others, young and old.

Old Age Home: Homes for the aged is a popular expression beneath the welfare services of the aged. The impression of welfare agencies are ages old “the first effort was made in the year 1840 by the ‘friends in need society’ of Bangalore. By 1950 such homes were functioning in Poona, Bombay, Surat, Delhi, Lucknow, Calcutta, Madras and Secunderabad. During the first five year plan welfare activities for the aged and the infirm were filled up by Captain Cheshire, when he started a home for the aged in Bombay, which was later known by him as “Cheshire Home”; which earlier provided a home for all the chronic diseased aged, disabled persons and aged. (Bali, 2001)

An Old Age Home: There are 41 Old Age Homes in Delhi according to the Directory prepared by Help Age India in 2009. The OAH Old Age Home is one of them. It is controlled and administered by New Delhi Municipal Corporation. An Old Age Home is a government administered institution with good services and payment by the residents, even though at subsidised rates. Thus it caters to the middle class and not the destitute aged. The middle class members of the OAH are retired servants of government institutions. They have similar economic status and income is usually pension. There is an initial security deposit of Rs. 8,000/- and charges of dormitory to double and single rooms range from Rs. 1800/- to 2700/-.

Admission is on first come first served basis and on the basis of interview, on fulfilment of eligibility criteria. Time taken is subject to availability of seats.

The Old Age Home has strength of about 52 Senior Citizens who are required to fulfil certain criteria like guardian should be a resident of Delhi only. The applicants should not be

addicted to alcohol and narcotics. They should not be suffering or succumbed to communicable diseases. Applicants suffering from non-communicable diseases such as diabetes, arthritis etc. can be a part of the Old Age Home provided the Aged is self-dependent.

They are admitted to the Old Age Home depending upon the vacancy. The frequency of vacancies depends on the life-span of the resident Aged. During my field study (since December 2013- April 2014) nine aged persons, who were residents of the Old Age Home had passed away.

Table 8: Present Demography of the Aged at OAH.

Capacity	52
current no. of aged	47
Male	31
Female	16
Couple	

OAH in the City:

The ambience of the Old Age Home is peaceful, clean and it is located in an isolated area of Netaji Nagar. Their daily routine begins with tea and coffee. There is flexibility in their stay. There are two gardens surrounded by rooms, it is being constructed in such a way that it generally separates and forms two wings, the front wing and the back wing, the residence have no such division based on any criteria in these two wings. They can cook for themselves in the rooms having attached kitchen. The rooms double sharing and single seater, are allotted on priority basis. Rooms are cleaned by the sanitation staff of the OAH. Required items are brought by the staff. Cooking, washing clothes etc. are done by the staff, but, the inmates have to pay separately for the same. Recreational activities are mostly organized by the corporate, educational institutes such as Delhi University, JNU, different private schools etc. Their visit itself is a recreational activity for the Aged as per the opinion of Mr. Saxena. It seems to be a two way process.

Limitation of the Study

Adarsh Nagar colony has its own features and characteristics in an urban setup which is far away from multi storied buildings and gated communities. An Aged person informed

that Adarsh Nagar is losing its sophistication. Earlier, it had less density and large area with few people sharing the community. Later, many houses were sold due to immigration abroad and other reasons like family issues.

An OAH home has its limitation as the respondents know what to answer and what to ignore. They have two stories, one for the outer world and another for themselves. It was difficult to get the actual lived experiences revealed by any means as they have been dealing with such researchers for years. However, with the help of neighbours and manager many findings were cross checked with other respondents.

Ethical Considerations:

A Government sponsored pay and stay home was chosen for the study but due to their confidentiality of identity, the name of Old Age Home cannot be revealed. Names of all the respondents have been changed. Researcher avoided mentioning location map and other information related to home to conceal their identity. Addresses of the respondents have been avoided to safeguard their identity.

CHAPTER III

LIVED EXPERIENCES IN ADARSH NAGAR

Introduction

It is quite interesting to look at our whole lot of central and regional political leadership. Most of them are above 60 years of age. This latest Loksabha (16th) has the oldest one (aged population). It is unfortunate that even though most of our policy makers, ministers and law makers are aged, there is no positive attitude and political will to have robust, need based and updated policy and action oriented approach to tackle welfare of elderly population. Moreover other general policy issues neglect aged people as a special category and their perspective is often ignored.

Political parties and leaders focus and try to attract youths more but they forget that aged people are the ones who are more enlightened and their political awareness as well as voting percentage is high. In Delhi the aged constitute about 12.5% of all the voters. Age Foundation's study reveals that about 79.6% elderly vote. And as general voting percentage fall in the range of 55%-65% these elderly actually form about 20% of the actual voters. In India, every eighth voter was 60+ in 1995 and by 2050, every third voter is likely to be aged, (Chakraborti, 2004: 215). In the Adarsh Nagar community, every seventh voter is aged according to the voter list updated on 22nd March 2014 as given on the website of the election commission of India. Not much population have increased among the aged after 19 years when compared to the national average.

These elderly people (60+ or 80+) have seen every aspect of Indian democracy and politics post independence. Many even have burning memories of the Independence struggle and partition. They have seen other historical developments from 1962 war to 1971, from Emergency to 1984, 1991 to this new millennium. They have witnessed rise and fall of leaders, political parties and every shade of politics. And as with experience come maturity, they are not only more aware and equipped to understand all the social and political issues in a more comprehensive way; they may also avoid any temptation for momentary but momentarily rise of any leader and ideology. On the other hand youths may easily get fascinated by such trends which may not exactly be all encompassing and may be harmful in long run.

Mr. Khemka, who still remembers 1947's partition as if it had happened a day before, is a living example of such aged persons. He talks about all these changes in India at a great stretch and says "*Agar hum log in cheezon par dhyaan nahi denge to kaun dega.*" (If we will not care about these things then, who will?) He keeps a critical eye on politics and in his own

words he has never missed a single voting opportunity. It is inspiring to know that even when 2-3 persons were needed to carry him by a rickshaw to the polling booth, he dutifully used his right. According to Robert Hudson and John state with ageing, people develop increasing sense of attachment to the nation and are therefore more likely to participate in the political activities such as voting.

Political views of aged people are also governed by the reign they have served (may be as a government employee) or the party/leader which helped them in their time of crisis. Party strategists and political contestant think that the aged have a considerable effect not just on elections, but also on politics in general (Chakraborti, 2004: 215). Retired Professor V. J. Gupta, resident of Adarsh Nagar, has a great reverence for a particular political party. He says "Unhone hi Adarsh Nagar me cheezen banayi jab yahan kuchh bhi nahi tha." (He had built up things in Adarsh Nagar when nothing was here.) In the reign of this party, he got an appointment to work even after his retirement. He along with his other aged friends actively participates in the socio-political discussions in the park. They take sides and critically analyse person, party and situations.

There is also a view that when a person in his active life interacts a lot with government institutions and gets exposed to the politics, (s)he acquires relevant skills and interest and remain actively involved in politics (Jennings & Markus, 1988). Mr. Harish Chandra of senior citizen association of Adarsh Nagar, who is only a 10th pass person but because of his job, always remained in contact with various government institutions and learned a lot from his social network of Adarsh Nagar and acquired managerial skills. This affects his present attitude and helps him to take the initiative in conducting socio-cultural ceremonies and activities with the cooperation of other aged persons. When due to sheer negligence of government agencies local people face problems (sewer system, waste disposal etc.) he files complaints and rigorously pursues them.

Safety, Security and Well-Being

Physical Security

As per the need hierarchy of Maslow, physical safety is the most important need to be fulfilled, second only to hunger and thirst. Physical safety is not just about actually harm to the person also includes perception of it. Oxford Poverty and Human Development Initiative (year), talks about the effect of lacking physical safety in countries and regions. It suggests "Violence undoes the development gains achieved in areas such as education, health,

employment, income generation and infrastructure provision. Further, it impedes human freedom to live safely and securely, and can sustain poverty traps in many communities.” It can similarly be applied to an individual and especially to an aged person. If there is some form of violence or even perception of it, it denies them their right to live with dignity. Even after their achievement of proper education, adequate wealth and financial security, good health and housing they may fail to enjoy their life and other achievements may become useless.

In case of aged people, physical safety is concerned with various forms of violence and aggression (domestic or outdoor), accidents, threats to life, crisis and disasters and lack of protection. Various factors such as declining health, inability to move and isolation enhance this concern. In case of Mrs. Sita Devi (80) a widow, who lives alone in a rented house and both daughters live far away in Delhi, is really concerned about her own physical safety. She can only rely on her neighbours for it. She prefers to sit in the park for long hours because she always finds some acquaintances there. Along with social activeness it works as a coping mechanism for her physical safety and security.

It was found that visiting markets, temples and even hospitals or attending various functions and events also gets affected due to the concern for physical safety. Mr. and Mrs. O P Sood visit hospitals only when a family member accompanies them. Most of the aged regularly go to any day care centre (Mr. Tajinder Nagpal) or to the temples or parks (Mrs. Kamla Garg, Mrs. Indrani Devi), only if these are nearby. During discussion it was found that even though there is good transportation facility, but, the actual reason is physical safety. Using any auto-rickshaw/rickshaw or taxi in their perception exposes them to further risks and should better be avoided.

Few areas nearby Adarsh Nagar are perceived as crime sensitive. As per the police records, Jahangir Puri, Moolchand colony and Bhadola village have higher crime rates than Adarsh Nagar. There is a popular perception of spreading of crimes into Adarsh Nagar because of that. It further makes the aged of this area uneasy and insecure about safety of their lives and their property.

Table 9: Aged Population in Adarsh Nagar

age group	Male	Female
60-69	92	379
70-79	46	230
80-89	5	49
90-99		6
above 100		0

As per the data it is clear that number of males are more than females in Adarsh Nagar but this number is only 7% more and represents more number of single men.

Table No.10: No. of aged availing the Old Age Pension Plan

MALE

age group	MALE		TOTAL
	MLA QUOTA	COUNSELLER QUOTA	
0-69	3	8	71
0-79	30	10	40
0-89	7	1	8
0-99	1		1
bove 100	1		1

FEMALE

age group	MLA QUOTA	Counsellor Quota		TOTAL
		old age	Widows	
60-69	78	24	12	114
70-79	31	4	2	37
80-89	11	1	1	13
90-99				
above 100				

Source: compiled by the researcher from MCD office and <http://www.delhi.govt.in> website.

It can be observed in the table that even though population of aged female is less in the age group of 60-69, yet more number of them are availing pensions (about 57% more than their male counterparts). This signifies the lack of financial security in the females who have just crossed the 60 years age boundary.

In the age group of 70-79 both male and female pensioners are almost equal with no significant difference in their population. In the age group of 80 years+ there is stark difference in the male and female population. Male aged in that age group are about 46% more than that of female. It is also important to note that only about 12% of 80+ male population is availing Old age pensions, while about 25% of female aged avail this. So the percentage and number of oldest old female pensioners are high as the males.

The cases which had been covered and approached were of middle class who were economically sound. Prof. Gupta said “financial security makes a huge difference”, to which his wife also agreed and added, “because of financial security we can go anywhere, we do not have to control our aspiration for better living or exploring new places, we have covered so many places in India with children when they were with us and now abroad; going out never bothered us except the security issue for which we have enrolled ourselves into the senior citizen cell of Delhi Police. We spend very less amount on food as we both are health conscious. Major chunk is spent in travelling through our own Innova. Apart from the monthly salary of the driver, we also fund one child for his education”.

Recently retired a Gazette officer from MTNL office, Mr. Ram Narayan also expressed that pension security and savings are enough to spend their rest of their life; though Mr. Ram Narayan saved money for his daughter but one thing that constantly bothers him is her health. She is gaining weight due to her sedentary life, which is a consequence of her suffering from polio early in life. He is recently retired and now has to spend whole day at home. His only tension is her health and future. Her future life bothers him and also compels him to save more money for her. For him money plays a big role in providing security and respect.

Aged persons financial security gives them a huge push at the later years of life. They find themselves recognised in the community and respected in the family. The aged opined that they should give their earned amount in small chunks to children and grand children so that they are not considered as used up. In any case their amount is finally going to go to their children so why not spend in a judicious way. This issue came up while discussing with the members of Help Age Welfare Association at Adarsh Nagar.

Mrs. Sita Devi lost her husband when she was young; she got double pension from the government employee scheme and widow pension from Delhi government. Widow pension was assured by the then MLA Mr. Mangat Ram Singhal on the day of his demise. Since, she got minimum pension to run the family, she started looking after the working women's children out of which she saved for her two daughters' marriage. Now, she gets Rs 5000 and Rs. 1500 pension. She gives Rs 5000 as rent and rest spends on medication and daily needs. When asked why she did not opt to stay near her daughter's place which would be cheap too, she expressed her insecurity with the Jahangir Puri area where crime rates are higher according to the SHO of Adarsh nagar. This insecurity prevented her from opting for a cheaper rented house. Now she feels insecure as nobody is here to take care of her. Her daughters have their own roles and responsibility. She manages all the household requirements herself without the help of her daughters. Earlier, she worked outside to gain some kind of income to reduce her financial anxiety. Now, approaching labour market at the age of 80 is a difficult task for her. Hence, she suffers from financial insecurity as well. Old age pension is not regular which affects her expenses and needs.

It is quite evident that income security gives sense of freedom, confidence, certainty, reliability and stability. Mr. Bed Prakash and Mrs. Kamla Garg go for regular outings. They are independent in this aspect as they only utilise their savings.

Besides the counsellor's pension, Mrs. Khemka gets Rs.10,000 monthly from her brother for daily expenses. They do not have any source of regular income. They give Rs. 5000/- monthly for a full time maid and an annual fee of Rs. 30,000/- to the agent.

Mrs. Indrani replied on asking how she manages her personal expenses, whether she seeks help from children; she replies "*mere paas bahut paisa hai, mujhe kisi MLA pension ki zaroorat nahi. Logo ne mujhse kaha par main kyun kisi ke age haath failaun. Bête mujhe kya denge unko toh har mahine main paisa deti hoon unke business mein lagane ke liye, 20,000/- kam se kam interest aata hai mujhe, kitni jagah mere naam ki property de kar gaye hai mere husband.*" (I have lot of money. I do not require any MLA pension. Many people informed me about this, but why should I raise my hands in front of anyone. What will my sons give to me; I give them for investing in business. I receive at least Rs. 20,000 per month as interest from property which I was bequeathed by my husband, she said with the smile and pride). This could also be one of the factors for care that she gets among all the respondents for research. She is more economically secured than any other widow or woman. Her financial security reflects her confidence and the status she enjoys. Her elder son is also there whom she gives less money as she lives with younger son. So pleasing her could also be because of competition among the two sons.

Mr and Mrs. Gupta say financial security pays a huge push in later lives; pension amount adds to the already saved money.

Security of Property

Property issues have been the matter of unity and discontent in the society. Major problems arise when members of the same family end up in dispute for property. This phenomenon is not new; the issue is more alarming when tenants denied vacating the rooms, researches by Help Age India show that it is also one of the alarming issues in the context of India. The owner who happened to be the aged had to run pillar to post to get their own land in hand. But it is not easy to bring back the lost property through legal provisions. Some of

the aged people are afraid of keeping tenants as they don't vacate rooms considering aged as weak, frail etc.

Vulnerability of aged not only get published in Help Age India R&D section but also several literature can be traced to support the argument that aged in cities are more vulnerable in terms of abuse, including on property issues. This was conspicuously seen at Adarsh Nagar. Respondents registered themselves into the senior citizen cell initiated by Delhi Police in the year 2004; presently there are 59 aged registered, out of which 16 are from Adarsh Nagar. The list keeps on updating as per the information. Mr. Khemka and Prof. Gupta are two such couples whose names are registered with the police who need the support because both have property insecurity as they are lone couples. Prof. Gupta had received threats and feels insecure from the youngsters residing in Jahangir Puri which is a crime sensitive area. According to the beat officer, Mr Khemka had insecurity because of the previous owner of his house, who had lost his mental balance after being deceived by his brothers over a property issue. He constantly threatened Mr. and Mrs. Khemka for their lives. In the night he used to make noises and abusive statements outside the house which compelled them to approach Delhi police for security. Delhi police regularly visits each house to make sure the elderly are at ease. They not only enquire about the visitors but also ask about their health and try to provide emergency service if required. The beat police remembered the senior citizens contact numbers and vice versa.

This provided psychological security to senior citizens. They expressed gratitude to the police who visits his house regularly. Mr. Khemka can now sleep peacefully and Prof. Gupta can go out for meditation for a month leaving his wife alone at the house. Moreover, this gave sense of recognition and respect in the neighbourhood. In the lanes, even those who hardly interact with neighbours; knew about the police visits to the Khemka's and Gupta's house. From this it can be comprehended that issues of this kind can be solved by healing the psychological fear. These fears are in the form of insecurities which erupted in such living arrangement.

While interviewing, it was observed that Mr. and Mrs. Khemka were consciously and repeatedly saying about less property which they hold. "*Hamare pass toh kuch nahi hai.*" (*We have nothing.*); though researcher was speaking about several other issues. This reflects their insecurities with which they live. It is also important to note that aged living in joint families

feel secure regarding their properties especially when they go for an outing. As Mr. Bed Prakash Garg and his wife go for tours to Hyderabad, Goa and Uttarakhand, they are not worried about their personal belongings. While in case of Mrs. Sita Devi or Mr. and Mrs. Khemka who live alone, they cannot go so easily and peacefully for such outings.

Mr. V.J. Gupta does not rent his home to tenants because he feels insecure about his property if he does so. Tejinder Nagapal also does not rent his house because of insecurity and to avoid litigation.

Almost every aged has their own house except Mrs. Sita Devi who prefers to keep fewer goods in the room, according to the convenience for shifting. Mr. Khemka had spent the major part of his life in rented rooms, he only bought a ground floor flat with the help of his brother-in-law in the year 2002.

Emotional Security

Family as a mechanism of emotional security

Family has played a key role in meeting the needs of its members. It has been seen that when parents nurture their children, the duration of care and concern for their children's well being is long in the same manner as ageing takes place. Their physiology tends to decline and their dependency over younger generation increases gradually. It is visible from the case of Mrs. Kamla Garg, who is effectively involved with the family. She gets proper respect from her son and daughter in law. She is involved in day to day activities of house and in which her daughter in law supports her. She is very happy to get involved in the domestic work and gets emotional satisfaction. In almost same way Mrs. Preeti Gupta gets emotional security even though her children are living abroad. She regularly gets call from her son, daughter and grand children. Her son who lives in Hungary sends her customised calendar which has photographs of family members. She goes to Hungary every year for three months. Her granddaughter is coming to India under student exchange program for a year and she will stay in Delhi with her.

Mrs. Roshni Singh who has trouble in walking and is unable to use the staircase also feels happy and secured because of love and care she gets from her family. Her daughter in law does the cleaning in the morning and prepares food on time. Relatives living in the

neighbourhood, visit her almost daily. Her grandchildren are enthusiastic about meeting and chatting with her. In case of emergency her grandson literally carried her to hospital. She is not usually bored at home mainly because she has people to talk. Living with an emotionally attached caring family gives her confidence and reason to enjoy old age.

Community

It is said that Man is a social animal, so it is impossible for him to be separated from the society and its environment. For the aged who spent most of their lives being in the community, and working with societal institutions, it becomes essential at this phase of life to continue that relationship. In this period (after retirement or less active life) they might not connect physically, economically and socially with the society as earlier but their heart and mind always feels attracted towards it. It is very important for the aged to get emotional security in the community. It was found that when busy and less concerned family members fail to give adequate value to the aged, (s)he turns towards the community. Each person is used to certain recognition and respect in one's younger time, whether from workplace, community, or any other societal institution. In case of failure to receive same or appropriate regards aged person loses sense of peace, security and dignity.

The urban space when families are occupied in their own lives, and the aged sit in the house in the hope that someone in the family would ask about his/ her health, day never comes when it happens, then also in a ritualistic way.

It is crucial to understand that when an aged fails to get emotional security from the family it looks towards the society. In case of Mr. Bisth, one of the members of HAWA, is a retired bank manager from SBI, is a person who gets no regard from the family. He is a widower who lives with his son's family. He has been given a separate isolated room on the ground floor. His daughter in law is a housewife but still fails to provide regular food at proper time. The daughter in law talks disrespectfully with him and taunts are common. In such a situation Mr. Bisth looks for his old office and an organisation for aged.

He goes to his (old) SBI branch in the morning and helps the customers who face any kind of problem in understanding or in dealing with the process. He stays there till evening and has lunch outside in a *Dhaba* (local eatery shop) or street vendor shop, near the bank. He then at 5 pm goes to the park and joins other members of Help Age Welfare Association which is adjacent to the park. He shares his routine, problems and has other discussions with

them. He only comes back to his home to sleep. He gets adequate pension which is used only on his food or activities of the association.

In this case it is interesting to see that even an aged person who has economic security (enough pensions), physical security and he is living with family but he fails to get emotional security from his family and as the last resort only society helps him. In many cases it was found that aged love to sit in the park for long hours. Mrs. Sita Devi, an 80 years old widow, has two daughters living in Delhi. But she can't always be in touch with them so she sits in the Park. The vibrant environment, playing children, balloons, toys, chatting adults etc. attract her. Other aged or ladies talk to her, ask about her health and share their domestic stories with her. This attachment provides her the additional emotional security which her far living daughters fail to give. She is not willing to join any Old Age Home because she will lose all her contacts and in her views, those are very essential things in her life now.

Insecurities of Life

The pain of living with insecurities could be understood when Mrs. Sita Devi an 80 years old did not tell the address of the rented house to a middle aged male. She told him a wrong street. She does not order household items over phone rather she herself goes to market to buy essentials items. Mr. and Mrs. Khemka are the couple who have reported their names to the senior citizen cell of Delhi police of Adarsh Nagar Police Station. They complained that previous insane aged owner of the flat sit at the back of the flat and abuse them in the midnight. After daily visits of the police the insane person stopped sitting near their flat.

Power dynamics through familial relations

Traditions and aged in family

It is an age old phenomena of being with children throughout life in due course changes roles from a supporter to support seeker, from a benefactor to pensioner, from a Protector to protection holder. During the course of performing different roles, it entangles the fabric of bonding and concerns to a degree that dissociating one element becomes like cutting one arm. Even though degrees of active participation loosen with time and circumstances but it does not evaporate the fragrance of its existence, which is called the beauty of human relations. The complexity has always existed since ages in everything; be it turning of wood into diamond or from conception to contradiction of the very individual; it

has kept the familial relation in the stream of ups and down but with no stagnancy. Through this procedural change we can infer that pressures mount, crisis creep into lives, but these events compress human relations into one unit. These aged living with families, single household or a couple prefers to spend rest of their life in the community and family where they have celebrated each moment. They are the carriers of ethos and norms which pass on to next generation with slight alteration as convenient and suited to the environment by the younger generation.

In India, family is one such institution which doesn't work solely on need and rationale. Traditions and ethos play an important role in its relationships. Usually traditions of respecting and providing care to the aged in any situation are the major reasons for the aged to live with their families. The concept of "Matri-Rin" and "Pitri-Rin" (literally, "debt owed to the mother and father") in India tells an individual that it's very difficult to payback to parents for their blessings and the things what they gave us including our lives. It guides a person to take care of one's parents and suggests that one must do everything possible on the Earth for the sake of his/her parents.

Families surveyed usually with the varying degree of understanding and following believed in this thinking. Usually family members of aged not just stayed with them, but took care of all needs that is food, daily needs, medicines, medical facilities, opportunities for recreation and outing, psychological and financial support were provided to them, again with varying degree of thinking and capability. Children and grandchildren themselves take care in case of any problem and keeping a nurse, assistant or health care provider is rare. As in case of Mrs. And Mr. Khemka, a fulltime domestic help takes care of both, but again this is when only those two live in a house and no other family member lives nearby. Grandson of Mrs. Roshani literally carries her to the hospital when needed, because she lives in upper floor and it's difficult for her to use stairs.

Mutual respect and emotional attachment within family members are important reasons of staying at home. But other than that few particular work and activities carried out by aged are also an important reason for this respect and attachment which in turn is responsible for their staying at home. Mostly female aged till they are physically capable do some domestic work. In case of Mrs. Madhubala (84 years), she used to cook food, perform all the domestic work till recently. Now due to her blurred vision she only does simple work

as washing and folding smaller clothes, cutting, looking over and coordinating maid's work. Her daughter in law who is working says, "It would not have been possible without her help." It is surprising to know in her case, her daughter in law goes to work, and as son comes for lunch as his office is near to his house. Even after her blurred vision Mrs. Madhubala cooks vegetables as she can taste it, but she can't make chapatis as it's difficult to see whether it is properly cooked or not. Her son brings chapatis from the market and then they have lunch.

Mrs. Sita Devi says "ladki ke hath ka paani peena bhi paap hai" (It is a sin to drink a glass of water offered by a girl.) She has only two daughters, she would be staying near her daughter, there could be lot of apprehension what people might make such as she might be getting monetary help from her daughter, and food, her in-laws might feel bad. Son in law might develop this kind of attitude, as he never asked to become her neighbour. Community members believe that "Ladki ke ghar khana ya paani peena paap hai" (It is sin to dine or even drink water at daughter's place). This was common across all sections even educated class. Not a single case or group discussion was found which opposed this tradition. Some looked down on those aged who are dependent on girls for any kind of help.

Changes in the role and status

Family theory says that interaction patterns are likely to recur across generations. Individuals' symptoms frequently have meaning inside the family's interaction patterns or worldview. Here, what Mr. Sood pointed out that some aged say "*humne apne maa-baap ke saath aisa nahi kia tha, jaisa hamare bache humare saath kar rahe haige.*" (We did not behave in similar manner to our parents, like the way our children behave with us.) He says, "children learn from their home, my experience says I have seen children misbehaved with their own parents and now the same children who are grown up aged do not get respect which they seek it. His argument is based on the experience that supports family theory. This cannot be a clear factor for their misery because if this violent behavior or for that matter something wrong doings have been occurring then persons might have developed resilience to it. Or else they might develop an alternative to deal with it. Like catharsis, influencing people to generate pressure on the oppressor, complaining to the influential person to work as a mediator etc.

Social Contacts

Role of others : We can also figure out that the aged who had venerable social contacts are somewhere in better position than the ones who are more insecure by various forms like widowhood, empty nest syndrome, inadequate financial assistance, education, status throughout life a person had held and roles played, physiological health. In such cases person tends to avoid or sometimes hesitate to avail the services considering the incapacity in the context of vulnerability and also ignorance adjoin the concern, and for that Mrs. Sita Devi is a living example of such, who though living in an area where senior citizen is working actively is not put in a category due her ignorance; she was not even informed by other aged, as her degree of social contacts limited her to approach to the resources. In contrast to this, Mr. Khemka was informed by other active aged members of the community; who created a value and need consensus to advance for such resources.

Interpersonal Relations: Relationship matters for the well being of the individual. In the case of aged who are devoid of larger responsibilities in later phase and get a lesser role to play, for them relationships, behaviour patterns, priorities of self and “significant others” matter more than before.

Males have been observed to take lesser part in the routine home and kitchen activities whereas women’s soul lies in the food and its related dynamics. Since they spent their life in managing the household, they continue to take interest in what time food is being cooked, what is left and what got over to fill the stock from the market. However, this also depends on the age and education factor. Educated young-old woman like Preeti Gupta does not pay much heed to the issues as what she narrated while her stay with families. Buying household articles, gifting to relatives depends on the aged women who live with daughter in laws or as a single couple. Their clothes are washed by daughter-in-law, maid unlike Mrs. Sita devi and Mrs. Madhubala who wash their own cloths, though her working daughter in law asks her to wait for Sunday. Males do outside work or meeting friends of their group.

Those males were happy who ignored the small discussion of family; they did not bother about who cooks it and what has been cooked. Ramnarayan cited this as a major issue of contention among aged with the young generation. His contribution in the decision making are sought on bigger financial or family issues such as attending marriages of relatives who

are far flung, buying property or any costly items. Some of the aged have a broad idea of the amount which their children can spend but more than that requires his consultation. This happen in the case of Mr. Ramnarayan and Mr. Bed Prakash who holds authority in the family unlike Mr. Sood, who earns Rs 45,000 pension but does not have a say in the family issues, his house was sold to put capital into business. This also makes us think in the dimension of ageing and its powerlessness with advancements. Male had authority in the joint family till they are active and young. They enjoy the status also because of gender.

However, this does not happen with women who are widows and living with the sons. It was conspicuous in the cases taken for study. The power relations could be observed in dialogues and confirmations by the sons or daughter- in- laws. They somewhere consider themselves incompetent to talk to a researcher. This happened with the aged women; who initially approached more competent member to answer on her behalf. This shows the lack of self-confidence and also shows some level of dependency in various ways as she does not want to say something which would hurt the sentiments of family members. Lone couples decided unanimously on particular issues or adjust themselves according to the feasibility of the partner; this can be inferred from the case of Mr Khemka, Mr.Nagpal and Mr. Gupta who are lone couples. They feel secure as they are taking care of each other's needs and coping with it accordingly. Relations with grand children were cordial and engaging with those who are young gave the aged too some energy.

Psycho-Social

The aged need love, care and support. Community helps to cope with the day to day inabilities of the individuals. The needs become more apparent when idleness concomitant with the yesteryears of the aged. Retirement has a bad impact on health, satisfaction; morale and mental health of the aged loss of occupational identity with little social participation in society bring forth different nature of the problem (Dhillon).

It has been observed that those aged who were active or retired recently had different experiences of need while the young aged are more contributory to the family activities and needs. They are more participative in social gatherings and community activities. Their needs are met quite often. This is a phase when their grandchildren are growing. Hence, the aged take care of their grandchildren. They spend time with the growing grandchildren. It is not

that their needs get fulfilled but also something their relations are interwoven and both are the recipient of the love and care from each other. So considering and saying one side of the story would be unjust.

Stress/Depression

“Scientifically it has been proved that depression results from social, psychological, biological and genetic causes”. “Social resources are important, high quality of social support can mitigate the intensity of Stress, social- psychological resources such as self esteem, and a sense of control or mastery, can mediate the harmful effects of stress” (George, 2011 p. 152). Mrs. Khemka suffers from sleep disorder due to insomnia, and the lost of her son, who was murdered. All such pain keeps her crying all night.

Loneliness

Loneliness is a psychological bent of mind where a person might be with family and friends but his mental well being can be at stake as he may not be feeling affiliated or he can share freely.

Mr. Aggarwal who is recently retired, is finding it difficult to cope up with idleness. He worked with MTNL as a gazetted officer. He wants to work in the nearby community if not his own, which can keep him engaged. He has a good teamwork and leadership quality as what was observed by his shared experiences of professional life. He has started engaging himself in the household chores as his wife works in MTNL as a telephone operator. However, his wife and daughter in law do not allow him to do the household chores. He wants to be active in the house but his family do not understand this.

Isolation

Isolation has physical set of meaning where a person is aloof from other social relations or people. Isolation has linkage with loneliness but it does not justify that those people who are living isolated are depressed. Some want to spend time in tranquillity and for that they try to keep themselves isolated; for that matter Dr. Gupta goes for meditation and he feels relieved from all sorts of worries which ran around him before going for such spiritual activity.

To link self with spirituality one needs to interacted with self and for that, he opts for isolation or joins disciples of great gurus. This isolation from society does not bring sadness or any form of anxiety.

Mr. Khemka has realised the importance of spirituality after he had a second heart attack. Now he spends more hours in religious activity and *Dhyana*. He feels calm and composed and worldly issues do not shake him easily though he is living with his wife who does household chores. Even though Mrs. Khemka had a long list of siblings, four brothers and their families live at Adarsh nagar. All she wants is the company of Mr. Khemka.

Death Anxiety

In case of Adarsh Nagar usually old age people are living with their families and they interact with other people of younger age regularly. Most of them live in a neighbourhood where people give them support, care and some or other form of recognition. Because of being always in touch with the children and young people, thinking about work, issues, career, conflicts, generation gap etc. are more common in comparison to death. They might be more worried about their health issues, disability or immobility because it would put extra burden on their family members apart from making them “less of use” and increasing their boredom.

Perception, attitudes and pattern of behaviour

Even though these aged stay in OAH, but their perception corroborate with those living with families. Aged of the Adarsh Nagar area disrespected staying in OAH, some of them even abused Aged for shifting into Old Age Home. Whereas, those aged who have been part of HAWA have been in constant touch with the aged community in small and large scale. Hence, they have idea about it; Mr. Girish Narayan supported the concern because of which they were coerced to leave the house. And then he started narrating about the lives of those aged in Adarsh nagar who have been humiliated to an extent that, going out of the families means locking the aged widow women from outside. It means she cannot approach others in time of need, in the same manner there are other aged also; who hardly gets food regularly at home because of the Old Age pension which she provides late in the daughter in law's hand. In such cases, if aged people are shifting to old age home after experiencing such

pains; should not be taken as scandalous.” The supporters of this view were educated, active, retired members from various Class- I Government services.

Family oriented aged did not want to see themselves in OAH. They considered OAH for those aged who could not adjust themselves in the family. Almost all the aged were of the view that adjustment is needed from both sides; only families cannot be blamed; it is also the duty of the aged to take things according to his/her well-being so that no anxiety dwell into their minds. All aged had consensus over the issue of discontentment and family. They say it is part of family life sometimes family face trouble because of aged and sometimes aged feel displeasure by even the unconscious efforts of its family members; the relation gets bitter for a while but according to them they should not stop living in the family.

Socio Cultural

By culture, we mean the entirety of psychological, social, material, and symbolic (knowledge-based) resources which humans have developed over millennia, and which, as they are transmitted across generations, make human development as we know it possible (Cole, 1996; Durham, 1991; S.-C. Li, 2003). These cultural resources include cognitive skills, motivational dispositions, socialization strategies, physical structures, and the world of economics as well as that of medical and physical technology.

Individual, domain, and contextual differences need to be taken into account (Johnson et al. 2006). In old age, more and more resources are directed towards regulation (management) of loss. Such a characterization, of course, is an oversimplification.

The aged are not only considered respectable because of age but also due to richness of experiences and expertise they have developed with the transitions in their lives. They have generated the skilful resources in dealing with the circumstances and also in the field of occupation. Whether be it the rearing or caring of children, organising the meeting in the community on the issues which affects the whole members of the immediate environment. Taking the example of sanitation, which concerns the young community members but they do not find time to take action for it. But once a key aged person held a meeting on the issue in which all the aged members participated and took the decision to dispose of the waste regularly in a right place and other such matters were discussed and sorted out.

There are men who voluntarily come to meet friends as they can't sit idle at home, it keeps them active. One of the respondents said "*ghar mein baith kar pagal ho jaaunga, main reh hi nahi sakta, fever se nahi par ghar mein reh kar jyada tabiyat kharab ho jaati hai*" (I will become insane by sitting at home. I cannot stay there. It is not because of fever. I become sick if I confine myself to home). He feels good when people come to meet him even at home but this happens only when he has made such relations by meeting people continuously.

Religion

Religion has a greater role to play in the lives of aged. It gives meaning to their lives and direction, they start shunning their excess of attachment to the worldly lives. Things happen in two ways; closeness to God disengage them to the family activities around them, second happens when they want to dissociate themselves from routine based anxieties which follow them like shadow. In both ways they get peace and contentment. They resort to religious activities to avoid intrusion in family affairs. They have utilised religious activities as a coping mechanism. Due to their age, they want to be away from worldly affairs and also, attain self-realization. It is also a coping mechanism to confront the problem of loneliness and idleness.

Visiting Religious Places

Those aged women go to temple regularly do not have problem to walk. Others pray at home. It is a place of information sharing for daily activities, women sit and share their pain and sorrows what they face in their day to day life. This somewhere touches others concern and they advice to best of their understanding. Social relations help in using the community resources well. Aged women approach the clinics and hospitals what their peer group suggest or have availed the same services earlier. This information is also enhanced by the family in which they live. In a way, information sharing is not taking place between two aged persons but also from their respective families. This helps women in choosing good clinics or hospitals for treatment. Sharing helps in dealing with their ailments, they learn coping mechanism as peer group suggest home remedies and also new techniques to suppress pain.

This is also a forum through which person finds other leisure work to perform collectively, like distribution of cooked food as *bhandara* or *prasada* on the Hindu festivals like *Navratra*, birth anniversary of Sai Baba, Guru Purnima, Janmasthanmi, Jaagran etc. On the

occasion of Diwali they distribute sweets though most of them are diabetic but share and enjoy festive environment. Collective involvement in managing the distributive items and the crowd unite the group with the positive engagement, they feel proud and responsive to be part of such occasions. Moreover, they feel the sense of worth. Their group participation does not end here, some of the aged people as they are no more active family members of the family by losing the role and responsibilities of the family. Group of Couples and some of the single aged arrange tourist dealer for the visit to religious places. This is an informal annual visit of friends and neighbours who are generally business class who had less visits to such places during their life as they were performing some or the crucial roles.

Women do preparation for the celebration of big occasions and festivals in the temples and for this they take the help of priests; even they work together as a team for such activities. The Sikhs visit *Gurudwara* regularly and Hindus, temples. They spend their time performing these activities only. However, visiting temple regularly is not just the form of offering prayer but also forming and sharing relations through which their emotional needs get fulfilled. One woman said they do *Prabhat Pheri* in the morning during winters and for that they start preparing a week before. Their Engagements in listening to the teachings of the Geeta and the Ramayana at community ground, organised by RWA society and other Mandalis are one of recreational activity which does not take them away from reminiscence of any kind as in between the chapters of religious texts, the Gurus also perform Bhakti dance and sing songs which all the followers recite after the Guru.

All these activities are occasional, the regular activities include going to temples for few hours. Some want to spend more time in temple as it provides solace to them. One aged woman said “*bhagwaan ke sone ka time ni hua hai, pandito ke sone ka time hua hai*” (It is time for priests to sleep, but not for the God); As they were asked to vacate the temple by 12 noon. This shows that how important they feel about staying in the temple and it is neither acceptable nor logical for them to force them out of these. Then some women go to their respective homes or rest, stay in park for two hours more or do some other essential activity or visit friends' place.

Those women who are actively involved in *Kirtan*, and such other Mandalis are more satisfied and less stressed. Their social relations are also at stable state as their major

engrossments and engagements are into the religious activities and less into the familial or depressing issues of the family.

According to P.N Sati (1996, p.39) there has been low participation of aged in religious activities in urban areas than rural. The observation in the study depicts that almost all women are theist but atheism is more among males, the reason could be their participation in service and in formal organisation which did not allow the possibility to engage more in religious activities. This could also be added by the reasons of their living pattern and family responsibilities. Business class men are found to show interest in religious rituals. Majority of men of HAWA and also those who sit in common park regularly expressed that it is the duty of women to worship as they have been socialized so.

Spirituality and Well-Being

Spirituality plays a crucial role in the lives of aged. It helps them in positive ageing. "Spirituality is essentially a response to the search of the human being for meaning in his or her life. The search for meaning is a personal quest for which the religious offer cognitive, social, and ritual frameworks."(Marcoen, 2005: 363)

Dr. Gupta, a Retired Professor from Delhi University, has joined Osho community and goes for meditation and other healing activities for weeks and months. He spends money for that. Sometimes his wife accompanies him. Both have active life and other engagements. He feels contented after returning from such workshops and meditation. It rejuvenates him and helps him in transcending self through believing in the power of other non-self and going into existential question of purpose and meaning of Life.

Religious Activities

Festivals play an important role in the lives of the Aged. It has been found that on special occasions they wear new dresses considering the new guests who would come to meet them. They give blessings to the young ones. Meeting friends and relatives after a long time cherishes their memories. This also gives them feeling of worth and dignity as other people recognise their status and ask about their health. They feel special when relatives, friends, and neighbours come and meet them on such occasions. They feel involved in the society and perform their duties and roles according to ones' capacity.

Worship

Worship is the regular activity of majority of men and women. The number of men who worship has seen a decline. Old men worship more and spend more time in religious activities. Otherwise it is taken as mainly the prerogative of older women.

Bhajan/Manadalis are mainly female oriented and very few men participate. It is organised on small scale. A small group participates and aged women are higher in number. They perform in temples, neighbourhood and also in Jaagran. Priests rely on their songs and bhajans in any religious functions apart from chanting mantras.

Jaagran is basically a family program of one night reciting prayers for goddess Durga. There is involvement of neighbourhood, friends, relatives etc.

There is participation of men and women. They invite far flung friends, neighbour to attend Bhaagvat Katha as per Mrs. Indrani Devi and Mrs. Kamla Garg. Management, organization & Participation (more) vary than the above mentioned religious activity. People from nearby colonies also attend the program. Aged men and women and also, adult women participate in it. Proportion of young women participating is less compared to the aged women. This is the only function in which men come out for religious activity, openly in large numbers. They prefer to chant mantras by themselves. Every aged person attends Bhagvat Katha organised in Adarsh nagar. Some are regular and do not miss any of these programmes.

Food habits:

In Adarsh Nagar all the aged have preferred taste, which they have evolved with different experiences, traditions, exposures and opportunity to discover the new places and their culture. These people belong to diverse background but they have learnt to cook different items of various places.

According to the aged who have been the witnesses of, transcending the low choices of food items to the variety of alternatives available for food consumptions, says that their capacity of buying costly items have increased. Mr. Bed Prakash who was working as a help in *Thapar* Garment in Connaught place in the 1982 was not in a position to buy costly items such as dry fruits, seasonal fruits, varieties of other items. He used to have a simple

consumption pattern including staple food with *DAL* (lentils). Now he says, “our saving has increased, expenditure reduced as both children earn well and we are less burdened in terms of responsibilities than our children though we share some common issues of household” Mrs. Kamla says “*We have a joint family, elder son lives upstairs and we with the younger son at ground floor. I help in cooking with my daughter in law, whosoever goes out bring vegetables and other cooking items, major decision depends on the likeness of children though everyone gets according to their preference as well.*” She continues to say while offering fruits to the researcher that fruits is the basic need of our eating habit which I buy early morning while coming back from Park.” everyone nodded head including kids. While asking about whether they would prefer to go to an old age home, Mr. Bed Prakash expressed it with the tone of a child “*Hume humari marzi ke khaane ki cheezein nahi milegi, abhi toh jo mann karta hai, market se koi bhi le aata hai, hume hamare mann layak khana mil jata hai.*” (*I won't be able to eat what I desire. Now anyone brings food items from the market and I easily get it.*)

Mr. Sood also said while interviewing that whenever he feels like eating he can buy items from the market, he does not need to rely on the daughter-in-law. This thing was expressed while he was talking about pension power he holds; he does not need to seek someone's pocket nor do they need to beg before children, to fulfil their wishes. He expressed his desire to stay active as he can buy items of his choice. Sometimes her daughter-in-law cooks it.

Gupta family has a habit of taking dessert after small meal; they buy fancy sweets from different well known shops of Delhi. “*Hamara meal pura nahi hota, bina dessert ke*” (*Our meal is incomplete without dessert*). They consume small amount of staple food to avoid illnesses. Excess of consumption might lead to associated problems. Mrs. Gupta keeps on discovering new recipes from magazines. She finds it the best utilization of time.

Mrs. Roshini has liver cirrhosis and arthritis due to which her health submerged her happiness. Her daughter-in-law cooks boiled food for the aged couple separately. She thanked her for the extra care she gives.

Mrs. Sita Devi cooks once for the day at around 11 am after coming back from the temple; she says “*akele din mein do baar khana nahi banaya jaata, Din hi toh kaatna hai.*”

(It is difficult to cook twice a day. We just have to pass days) She manages to buy all the household items.

Mr. Nagpal has a healthy and strict diet which he follows but his wife does not hesitate to have any street food; which concerns Mr. Nagpal. According to Mr. Nagpal many males evade from the issue of the food being served late, as they try to adjust with the environment or find some other alternative. Those male were happy who did not interfered in the activities of daughter in law or wife regarding cooking. This was expressed by most of the males and females that interference is the one of the root cause for bitter relations. Mrs. Indrani and her daughter in law has cordial relation, only two women stays at home during working days, sometimes her daughter-in-law fails not finish the household work due to which she gets food late, sometimes only *Dal-roti*. However, this does not bother her much as she knows the respect her daughter in law owes her. This shows hunger of love, respect overpowers the physiological hunger.

Mr. Bisht Retired SBI bank Manager is the example who most often join HAWA members in the evening with the rolled chapatti in hand saying his daughter-in-law served her food at hand. He was neither asked for the meal nor served on time. The alternative he found was the street food near SBI Bank where he spent voluntarily during working hours to help customers. He has issue with her daughter-in-law who does not like him; to cope with it he keeps himself away.

Recreation

Recreation is surely the way out of boredom. It not only engages mind and body in some king of constructive or leisure activities it also give them a reason to not think about the issues of health, family or such other problems. This engagement keeps them active and mobile and sometimes works as a cure for physical and psychological health issues.

This engagement provides them reasons to celebrate, gives them some form of recognition and also generates a sense of belongingness and team spirit. These activities provide them a major reason to look for the next day to meet with the friends or companions either in the park or in some activity centre. It is also a reason which makes them concerned about their health and mobility. They want to stay healthy and active so that they can keep participating in these recreational activities.

They can sit and chat; discuss the political or social issues; share their ideas or simply listen to others. The President of HAWA is a poet who narrates his poem to the other HAWA members in the evening. There are other members as well who share their own writings or someone else'.

Associations

Association plays a major role in bringing out participation and awareness among the members of community. The association can give direction to community and can work as a team to work constructively in the community.

Park

Suffocated due to tall buildings and large number of vehicles on the road, aged people prefer to go to park. Even though benches are less there and mosquitoes and insects create trouble for them still they spend very large amount of time there. Among the most important things they get there are clean and fresh air, sunlight, soothing environment and so many other people to talk with and sit and enjoy watching others' activities.

Laughing sessions are also conducted there. Few aged exercise as per their ability and strength. Guru Pravachan and Shiva Chalisa are also conducted by group of people in the morning. Aged can do many such activities which are not allowed at home. Not many but a few aged men smoke. They also bring roadside food from outside in the park and eat. They discuss about the events, incidents and issues of newspapers.

Family Celebrations

There are celebrations which bring the society and family together and aged get involved in it and gain happiness. They celebrate wedding anniversaries, birthdays (of grandchildren especially), engagements, marriages etc. Aged play active role in organizing these celebrations. They obtain special happiness in all these as they wear new clothes meet all their relatives and friends they supervise the cooking of food, serving food. Due to their experience in organizing such celebrations, they also know whom to invite for arranging food etc.

Outing

It has been observed that those aged who were active and young were able to move to places other than their own relatives' house. Group of aged go out for tour using their own

personal savings. Mr. Bedprakash and Kamla Garg went for such tour with their own saved income. They say “we have spent our working life in managing family, *ristedaari nibhana* (maintaining relationships) and saving money now we are free from such responsibilities. Hence, we require time for ourselves”. This was expressed with pride. This also denotes how the couple has planned their life despite no securities from the government. Their best security comes from their children who are with them.

Indrani Devi expressed it with pain. She wanted to discover new places but couldn't do much as her husband was not much interested in visiting new places. All she did was attend family functions due to which she reached to new places for a change. She does not recall the visited places but the relatives' place where she went for some function. This signifies that her priority was family. She is a highly family oriented person and depended on children to drop her to relatives place. She is active but can't visit any place all alone. Even children also do not ask her to go alone.

Social Relations: Role of Neighbours

In a community life neighbours play a very important part. In Indian society concept of home automatically incorporates neighbours and talk about family is incomplete without this discussion.

Emergency help

Neighbours are usually open and available to the age people living nearby. Aged persons can directly approach them or call in case of any emergency. At times neighbours carry them to the hospitals or provide money for some urgent purposes if family members of the aged are not available for help. It is very important for the aged persons who are living alone or as a couple. They mostly rely on the help and support of neighbours.

In case of Mr. and Mrs. Khemka who are a lone elderly couple; if their maid is unwell then neighbours provide them food from their homes. They also carried Mr. Khemka to the hospital when he had a heart attack in 2010. Similarly when Mrs. Madhubala had TB and she was very weak to ride the motorbike of her son, a neighbour carried them both in his car.

Engagements

In any kind of function which is celebrated in the neighbourhood, aged people are always invited guests. Birthdays of their children; special religious celebrations such as

Jagrata, Bhagwat Path or Kirtan; any other cultural or family function would never be complete without the presence of these aged people. Respecting this even aged people participate and bless the young ones with pleasure and enthusiasm. In case due to health issue or other works if they fail to show up, neighbours send the special dinner or dishes to their homes. Tajinder Nagpal and his wife; Sita Devi and Mr. and Mrs. Khemka are always invited to such functions

Location and inclusion

Adarsh Nagar had big houses on separate plots. Due to affluence of joint family business, some did not sell their houses to build flats. Some houses are being converted into flats. Adarsh Nagar Extension has many flats. Many persons have left abroad taking their aged parents with them. Moreover, due to secured economic status families have not sold their houses. Due to which less density of population exist in few lanes.

This variation in characteristics of lanes has different infrastructural and functional approach for its members. Location has major role to play in the context of ageing.

George Linda K. (2011) has described two levels of social integration one at Individual level and the other at the aggregate level; living in community like Adarsh Nagar has an advantage to bloom fully into self and establish relationship with God. Since there are Gurudwaras, Temples and Mosques, discovering relationships more with self, family become significant in later years of life. It has been observed and also argued that those people who are engaged in religious activities are comparatively less depressed than those who do not believe in God, it works as a protective agent; Different sample sizes have been taken in different countries to assess the relationships. (George, 2011 p. 158.) Older persons are more vulnerable to biopsychosocial issues (George, 2011). Geographical distance matters in old age, the friends and relatives have low frequency of visit staying at distant places. The support from neighbourhood is a great boost. In terms of emergency the neighbours rush for help. Mr. And Mrs. Khemka are such examples. The couple is staying alone in the flat bought nearly twelve years ago. He had a heart attack in 2010. The neighbours took him to hospital immediately. Soon after, his daughters and relatives visited hospital. Moreover, neighbours escorted Mrs. Khemka when she broke her hand after falling on the floor.

Another case is when Mrs. Roshini collapsed on the floor due to low blood sugar level while her daughter in law entered into her room for some work. Her daughter in law immediately called up neighbours who took her to hospital and she was saved. Her other family members were informed when they came back from their business.

Connectivity

Connectivity does not only signify connecting of roads but also connecting of people, their perceptions and resources. Connectivity with medical shop or any other shops, fulfil the needs of aged. At least aged need not rely on any other people to buy the things they require.

Connectivity has major role to play, sample had been chosen from last lane as well which well signified the aged condition; one who had arthritis problem because of which she could not come to the active areas of Adarsh nagar meant that she had less contact outside the home than other aged persons.

She sits on the staircase of the house when working women and men go to office and come back from office. She finds this as the only pastime because of less movement. Aged living across market place are quite happy and satisfied since they watch every activity from the above storeys.

Role of peddlers

It could sound foolish to mention about this issue, but on the basis of observation and discussion with some of the aged; it was conspicuous to see how buying vegetables by two neighbours bring them together and their family issues. Families now prefer to live in their own rooms. Stepping outside the rooms needs reason as people have developed tendencies to live in a cosy environment and also due to working pattern frequency of meeting each other becomes less frequent. Hence, this commonality draws two families closer by sharing mutual relations. According to Mrs. Roshini, Mrs. Kamla, Mr. and Mrs. Khemka; it is a good source of interaction as the talk goes for hours.

Neighbourhood

Young and small family neighbourhood

Apartments have changed the working and living pattern of residents. Young neighbours come out with their children every evening. Aged people also interact with them either from their flat balconies or from downstairs. They buy things from peddlers. Aged are otherwise alone at home as their sons and daughters go for job and come back late

Adult neighbourhood

In comparison with young and small neighbourhood, there is less recreation; Even though the flat system is not well established. Aged are well engrossed in their own lives that there is very less interaction with neighbours other than on special occasions. Their sons and daughters go for job, this neighbourhood has more achievement oriented people, their aspirations and living pattern is quite different from the nuclear family of middle class people. Some of the lanes are quite well-off than others. There are parked vehicles and there is no sunlight. Hence, aged have less interaction with the neighbours. They go to park to get together with aged of their age group. Mr. Sood says there is no such place to sit on the road as it is very busy and buildings have covered the sunlight and open space which compels him to visit park regularly.

Living arrangement

Living arrangement correlate with wellness of aged directly as well as indirectly. Living with daughters, were avoided in almost all cases. Aged preferred to live at son's place or alone at house. Those aged living with son and gets respect in the family it is more likely to get respect in the neighbourhood as well. Marital status in the family also responds to their

	Males	Females	Both
Living alone			
1992-1995	1.4	3.5	2.4
2005-2006	2.6	7.6	5.0
Living with a spouse only			
1992-1995	7.5	5.6	6.6
2005-2006	15.9	11.5	13.7

Source: Sanjay Kumar, K.M. Sathyanarayana, and Azza Omer, "Living Arrangements of Elderly in India," paper presented by UN Fund for Population Activities, New Delhi, at the International Conference on Challenges in Population Aging in Asia, March 14-15, 2011, New Delhi; slides accessed at <http://nationalacademies.org/AgingInAsia/Presentations/Kumar.pdf>, on Feb. 2, 2012.

self esteem and dignity which in consequent determine their health. Family well-being may slow down the pace of Ageing and ailments. Aged living with children and lonely could be well observed in terms of response. Those who were with family responded well and welcomed every question whereas those who were single or couple were surrounded by different forms of

insecurities; And were quite apprehensive about telling all the story. Happiness was also correlated with the living arrangement. Stressed family not only fails to provide basic essential support but also lacks in delivering humanitarian help; behaviour and health of aged reflect the attitude he build up according to the kind of approach, a person get by the

surroundings. Safety, security and social health are much dependent on the independent variable.

Table 11: Profile of Respondents of Adarsh Nagar (with changed names)

Sl No.	Name	Age	Gender	Occupation	Marital status	Living Arrangement
1	Madhubala	84	F	House wife	widow	Extended family
2	Indrani Devi	80	F	Housewife	Widow	Extended family
3	Sita Devi	80	F	Housewife	Widow	Alone
4	Roshini	75	F	Housewife	Married	Extended family
5	Ramnarayan	60	M	Retired gazette officer	Married	Joint family
6	Tejinder Nagpal	68	M	Retired Petty officer	Married	Lone couple
7	V.J. Gupta	74	M	Retired professor (DU)	Married	Lone couple
8	Preeti Gupta	68	F	Housewife	Married	
9	Ramlal khemka	82	M	Daily wage Accountant	Married	Lone couple
10	Renu khemka	74	F	Housewife	Married	
11	O.P. sood	87	M	Gazette officer (PMO)	Married	Lone couple
12	Bed Prakash Garg	66	M	Fair price shop	Married	Joint family
13	Kamla Garg	61	F	Housewife	Married	Joint family

Thus, out of the 10 respondents, 1 lives alone, 4 as lone couples and 5 as extended or joint families.

Mr. Nagpal is also lone couple whose wife's health does not keep her well, his pension is also modest; from which he managed to give out to HAWA for donations to needy people. If situation comes he can go to old age to live rest of life.

He continued to say that he does not want to leave this place because of the social relations he has built within a short span of five years. "*Mere saare dost chale jaenge ye jagah chhod di to*" (*I will lost all my friends if I would leave this place*). It shows the importance of place he has made for himself. He found difference in the approach and wellness of the person in respective colonies in which person lives. Earlier place was the symbolic for higher income group i.e. Saket but Adarsh nagar has given him life as what he feels. "I made friends in Saket too but people were not much bothered about other's life. here, when you stop coming out for few days people start asking soon for your health and make you realise that you did something extraordinary and you are someone which concerns people". He is a social person who cannot sit alone. This signifies his social health despite his living alone status.

It has been observed that gender, previous occupation, financial status, marriage status, own house (or lack of it), income security and familial stability are few important factors that generate, alter and influence the perception and sense of identity and status of aged people among neighbourhood. This background has a big impact on the existing condition of the aged and his/her social relations with others.

It is interesting to compare the case of Mrs. Sita Devi with that of Mr. and Mrs. Khemka. Mrs. Sita Devi is a widow who lives in a rented house alone. Her two daughters live in Delhi and keep in touch but visit occasionally. One of her daughters is also living in a rented house. In her young age Mrs. Sita Devi worked as an attendant in several homes and took care of houses and children. She also ran a crèche. Despite her low income and losing her husband in early age (32 years) she raised both the daughters and provided them education and security. She gets about Rs. 6500 monthly as pension from two sources but about Rs. 5000 is spent on the rent itself. Similarly Mr. Khemka who is just 10th passed worked as accountant in various shops. He also had no income security and with the help of his brother in law he bought his own house merely 10 years ago despite being in Delhi for more than 65 years. He also has two daughters living in Delhi who occasionally contact him and also one of her daughters live in a rented house.

It is clear that both had lower educational qualification and struggled in their young age. Both are neither financially secured nor they have regular adequate income. But their positions and status in the community and perceptions of neighbours are entirely different.

Even though he does not have good income Mr. Khemka maintains his house, lifestyle, living standard and own status well. He gets financial help from his brother in law but as neighbours are unaware of this fact they treat him as a rich person. In the words of Mrs. Khemka, "We are poor but our neighbours think as we are very rich." Their house is full of costly items and furniture but in their words it's all given by her brother.

This notion of being rich gives them a much more respect and recognition. Neighbours involve them in their celebrations and provide help and support. It also needs to be noted that the aged couple also return the favour with some or other form of gifts or tokens. They also keep their relationship with the neighbours very lively and engaged. They are not merely the recipient of the "goodwill and care" of neighbours.

But these things get changed dramatically in case of Mrs. Sita Devi. Lacking income security she stands on almost the same footings as Mr. and Mrs. Khemka. But as she lives in a rented house neighbours have a different perception about her. They also have notion that she is there only for some time. She fails to maintain her house and herself in the similar manner as Mrs. and Mr. Khemka who have decorated their house like any other of the same locality. It was visible by the patches of her Saree that Mrs. Sita Devi was neither financially secured nor she was trying to hide it. They treat her as she is a "Bechari" and is in dire need. If they provide some kind of support to her there would always be a mentality of 'giving' to a mere 'recipient.'

Similarly comparing cases of Mrs. Khemka and Sita Devi it could be found that widowhood plays a very negative role in the lives of female aged. Mrs. Khemka who lives with her husband enjoys a higher degree of respect and recognition which is lacking in case of Mrs. Sita Devi. Neighbours usually involve Mrs. Khemka in all sorts of family functions as birthdays and celebrations. Even though Mrs. Sita Devi actively tried to engage herself with the neighbourhood but she fails to attain to similar type of treatment. Only other aged people whom she meets in temple give adequate respect to her. She actually gets engaged with every other female aged in the temple, Mandali, park etc. But even after regular efforts she fails to do so in younger neighbourhood. Even her house owner is not that sympathetic and cooperative towards her. Prejudices about widowhood and respect to money and status can be easily traced as the reasons for such a discriminatory and irrational treatment. She feels very insecure in all aspect; she does not want to die with chronic ailments as she feels

who will take care of her and from where the amount will come for the treatment. She does not avail BPL facility.

Location

After interviewing it was observed that aged prefer to share the house at the ground floor. Most of the aged had a room at the ground floor from there they easily communicated with friends and neighbours. They have equal access to park, shops and temples. However, those who lived in above storeys with family had low connectivity but if they happen to live in those lanes which are busier than the other such as market lanes or the lanes which are transitioned into Flats whose young children come and play on the roads then these activities keep them engaged. They watch everything from distance.

Park is also one place where the aged feel good as in the morning and evening people come for different purposes. There is also segregation of the visitors to the park connecting three areas that is Adarsh Nagar, Majlis Park, Indira Nagar; those who come in the morning are the working class, house wives and the aged. People meet in the morning for exercise purpose and grocery shopping only. This is the time when some of the aged persons can be seen with the young Grandchildren waiting for school bus. In the evening different kinds of groups can be seen- families with children for recreational activities, aged for outing as they spent their hours sitting in the house, they meet and share some moments and memories.

One of the respondents Mrs. Sita devi, a widow comes in the park at around 5pm and sits in the park till 10pm when asked about her long duration of stay at park, she replied “*Ghar jaa kar kya karna hai ?*” (What will I do after going home?). Since she is living alone in the rented house at the age of 80; her two daughters have been married off; she does not find meaning in life and finds hard to pass time. To deal with the loneliness she spends hours in the park and also in *Bhajan Mandali* when it happens in the community, she cooks for herself once in the morning and eat remaining in late evening. While sitting in the park, she kept moving her hand over her bare part of the body to take off mosquitoes during late evening in the month of March. Through this, it can be inferred that physical discomfort had low priority against the social health and filling up of the emotional vacuum.

Profession/ Education

Preeti Gupta is living with her husband. Her son is married to a Hungarian girl and settled in Hungary. This aged couple stay together at Adarsh Nagar. Their daughter is a consulate in Australian Embassy. Preeti Gupta is post graduate from Delhi University. She reads newspaper regularly. Her day starts with newspaper reading. Reading is her best pastime. She also reads family based magazines for women. When Mr. Gupta stays away from home for meditation camps organized by Osho Community and Sri Sri Ravi Shankar, Mrs. Gupta spends her time in reading and watching news.

Mr. Khema reads the Ramayan, the Gita and newspapers regularly. He is a matriculate. Mrs. Renu Khemka has studied till VIII standard who reads newspaper sometimes.

Mr. Bed Prakash reads newspaper daily. Tejinder Nagpal reads newspapers and books which have social relevance. He issues books from Help Age Welfare Association Library.

Mr. V.K. Gupta is a retired professor and engaged in making of programs of Delhi Government on elderly who are destitute and needy. He is an active member of HAWA. He writes to different departments for services and resources, he can create for HAWA through letters and communication. He is a poet too. He also contributes articles in different magazines and newspapers. He receives respect in the community. He helps others in paper work to approach the authorities for various problems like water connection, electricity connection, admission of students in schools and universities etc.

Aged members visit HAWA in the evening. Some members read those newspapers which are not subscribed by them at home. They discuss the issues in newspapers and come out with new ideas. They have a debate on different issues daily.

Those who are well updated with current affairs and news are the ones who also play an active role in solving issues of the community, have different approach to life. They try to engage themselves in constructive work. They find it as one task of daily routine.

Those who are educated are keeping themselves active through knowledge in sharing with other friends and community members which could be helpful and relevant for them.

Gender

Women are more vulnerable than men in almost all the developing and developed countries. Situation in developing countries is comparatively worse. Problems like illiteracy, low income, family burden and more number of family members deteriorate the situation. They not only face difficulty in managing the day to day activities but also the health services which cost them higher. (Himabindu. 2005)

Women are preferred in the houses where they can contribute in the needs of the family as a care giver, however, their contribution go unaccounted as what was observed by Mr. Chawla, he says most of the men are here in OAH leaving their wives because of this reason. The Hindi movie, *Baghbaan* fits into such situation; they are looked upon as dependent on the family. Women have different roles and engagement as per the aged men of Adarsh nagar who described that women are more comfortable in houses since they were confined to homes since birth.

Ms. Kaur is dependent on the elder son and his small family and vice versa. Despite being at the verge of blindness, she is active and does help in household chores. She sometimes cooks dishes for son her son brings chapattis from outside since Ms. Kaur cannot make chapattis. Aged women spend time in rearing and caring of grandchildren. If they happen to be older; then their engagements seem to be in temples. Women perform the role of care giver even if their daughter in law happens to be caring soul in the family. The aged women not only help in looking after the needs of the family members but guard the house.

Osterioporosis is the major problem that almost all women expressed except one woman who was 65. She is health conscious and prefers to work by herself; both husband and wife do yoga early morning. They are also educated as husband is a retired professor from Delhi University and wife is a post graduate from Delhi University. Since they are educated and quite aware about the health concerns, so working on health and maintaining proper diet is the mantra of their good health. But others face severe problems. Some have consulted doctors for treatment.

Caste/ Community:

Various castes and religious groups reside in Adarsh nagar. Majority of the resident are from the Baniya community from Haryana and Punjab. Rest are from U.P, Rajasthan and Bihar. Here, one lane is of business Gujarati community; approx. three lanes have Muslim

community and very few Christians. The deciding factor in the election is the Baniya community irrespective of age; they prefer to vote the *Baniya* representative.

Health

Physiological health crosses the age bar. How they respond to it becomes the matter of concern. There are cases which show that the 60- year- old addresses more physical health issues in clinics or hospitals than oldest old as the aged consider the health issues as a result of advancing age so they try to live with it. The issues are taken as “get by” by the clinician and also by the family members. One of the aged said, at the age of 83, he is now facing hearing and arthritis problem and he earns Rs. 45,000 as pension but he can't approach hospital of his own; the family doesn't take him to hospital though he is depositing all the saved amount in his only son's name and grand son's name in saving policy. “Those patients who are 60 and above approach OPDs of their own for treatment, and those who have severity of health problems are accompanied by their relatives.” says the Geriatric Doctor of AIIMS (13th May 2014) over asking whether patients come alone or with relatives.

Disability

The aged who face difficulty in walking prefers to use less locomotive activities, they use crutch while moving to the gate of the house through there, they interact with the neighbours meet colony people, see passerby and vendors. Aged buy fruits and vegetables from the regular vendors of the colony when they sit outside the house. They are aware of the activities of the colony as they kept on meeting people and sharing emotions. The aged who do this are either alone or whole family members working; In such cases they are buying vegetables and other relevant materials from the street vendor only.

Physiological health:

Mr. V. J. Gupta is a not a health conscious person unlike his wife Mrs. Preeti Gupta who manages diet have less spending on health related issues, and eatables. she says “ *our spending is less on food items only, as we eat healthy diet in small amount*”. She looks youngest in all the samples chosen for the study. This suggests that precautionary measures and positive attitude in everything can catch your age in cage. She is one of the aged couples who keep themselves happy and healthy.

Mr. Nagpal is one such person who replies everything with the smile, he is a fitness conscious person and trains other aged in HAWA on the equipments donated by him. He

does not need to go for medicines. He says “*khush rehna hi sabse achi dava hai*” (Staying happy is the best medicine). This gets reflected in his behaviour on every meeting at different places of Adarsh Nagar. Moreover, diet also contributed a lot he buys healthy vegetables and fruits regularly and motivate others also to buy seasonal items for eating.

Clinics/Hospitals

They approach nearby chemist shops, as they said it “*thik ho jaata hai, paas ke dukaan se toh kyon hospital ke chakkar kaatna*” (If it gets cured due to nearby medical shop then why to go to hospital) first treatment by the chemist either they go, or neighbours in case of Mrs. Khemka as Mr. Khemka can't walk. So she asks any of the neighbours to bring medicine for the occurring problem. Less consciousness and awareness about medication was observed among less educated class as take the case of Mr. Bed Prakash Garg and his wife also approach chemist shop for primary/ basic illness according to them particular chemist owner is not a doctor but he is no less than that. They approach doctor in major chronic illnesses.

Mrs. Madhubala is an illiterate woman who takes care of her health and approach doctor single handedly at Hindu Rao hospital. She has their contact numbers; she feels blessed and says these doctors did not allow her to sit in queue for long. She gets her treatment and tests done conveniently and does not visit local clinics; she says “*Mujhe sab doctor ache se jaante hai, mujhe koi pareshaani nahi hoti*” (All the doctors know me well so I don't face any problem). This implies that she has recognition and respect in the hospital community, which also boost her confidence to seek health services on her own self without taking help of others. She is not dependent on any individual not even for cleaning, shopping or cooking. She tells, “*kabhie-kabhie toh main bimari mein bhi khud hi khana bana leti hoon, kyun betiyon ko pareshaan karna*” (At times I cook even when ill as why to bother the daughters). This also signifies of her inner strength despite the weakness and illness she managed to cook for herself. Because she knows it that if she does not do it for self nobody else will take care of her better. She is health conscious at the same time knows about provisions under which she is entitled.

Mrs. Indrani Devi and her family try to cure maximum health problems at home. They have learned to deal with it through knowledge accumulated by the friends, neighbours, relatives, experience, book and Reiki which her daughter-in-law learnt long back. She does not like spend money over consultations in hospitals. She believes “*hospital mehnga hai,*

doctors jyada medicines likh dete hai" (Hospital is costly and the doctors give too many unnecessary medicines).

Mr. Sood has visibility, hearing problem at the age of 87 but he does not go to any medical institution for aid or anything and accepts it as a part of ageing and says if children are not taking initiative how can I ask them to accompany to hospital. When his wife was hospitalized because of dengue they kept one attendant for stay in night. This shows they can afford health services as a retired govt. employee; but no human resource from family for emotional support can be sought. Life is uncertain, if someone is staying with illness at hospital it might bring out the insecurity to the aged person who wants to his/her near ones to sit by in the critical times but the situation is that in extended family everyone is self oriented and empty for reasonable support. This was also the result of fragmented family as a unit. Mr. Sood had to sell the house in order to invest capital in business and bought a flat at first floor which was inconvenient for Mrs. Sood to use staircase as she had joint pain problem.

How does Aged living within Families feel about OAH

It is interesting to see what old age people who are living in Adarsh Nagar with their families think and feel about Old Age Homes and other aged who live there. In almost all the cases it was found that they are not just unwilling to go to OAH but also viewing it with distaste or even disgust. Few even found thinking or talking about it as taboo. Emotional attachments, societal perceptions, stigma attached, inadequate resources, loss of older contacts, lack of facilities and services and unwillingness to change much at their "last moments" were the main reasons found.

One major reason cited was that their children will not allow staying in OAH. It was unclear whether it has more to do with the respect and emotional attachment part or with the disrepute it can bring. Mrs. Madhubala said, "My children will not let me stay." Many people even having little problems try to adjust with others. Mr. Ramnarayan feels elder people should not interfere in trivial issues and adjust with the time and situations. He says, "*Ek old person khane ya paise ka nahi balki pyaar ka bhookha hota hai.*" (An old person is not hungry for food or money but love.)

In few cases, lack of facilities and services were the given reasons. Mr. Bed Prakash Garg is happy to be at home because in his opinion he can't get regular fruit, proper food and care in Old age homes.

. Only those who are well educated concerned and of any field related to social environment are aware and enthusiastic about it. Mr. V K Gupta visited OAHs with his wife on his own. They were interested in OAHs because they wanted company for themselves, as similar age group people can properly understand the thinking and feelings. They do not find neighbourhood adequate as desired to kill time. They themselves researched about all paid and non paid old age homes nearby. So their visit to paid and non paid old age home came out with the experience and conclusion that it is not made for them. "A person like me can go mad" said Mrs. Preeti, the visit did not give us an appealing and wanted feeling. We could not stay there; some of the OAHs were very unhygienic, and smaller in size. We have been accustomed to bigger rooms and luxuries", said Mr. Gupta. He cites unsuitable environment as a big reason to avoid OAH. He found it an alienating place.

Stigma: Negative feelings attached with the Old Age Homes are still the most widely prevalent notion to avoid OAHs by the aged people living with their families. On asking "if (s)he will ever join any Old age home", people were usually taken aback. Few after saying 'no' tried to explain the reasons. But few others reacted negatively to it and a few even turned rebellious. Mrs. Roshani told not to use 'this word' in this evening time. She treated it as a taboo and sinful thought which she would never join or not even talk about it. Mrs. Madhubala also found it an unsuitable option and said that it is beyond her imagination.

It is surprising that not only Old Age Homes but also those aged people who are availing these facilities were on their targets. Mr. Bed Prakash Garg said, "Those people who live in Old Age Homes are spoiled ones." Instead of taking them as 'victims' of conditions or sympathising with them, they mostly put direct blame on people living in OAHs. Mr. O. P. Sood said, "*Old age homes me rahne wale aawara hote hain.*" (The persons who stay in Old age Homes are loafers) He also adds "*jo log ghar mein khush nahi reh sakte woh bahar bhi khush nahi reh sakte*" (One who cannot obtain happiness at home cannot obtain happiness elsewhere). He objects their feelings of betrayal and disillusionment and reasons that if they would have done better for their own parents it would not have been the case. He is emphasizing on the issue that these people create feuds on petty issues. They intrude a lot in others' affairs. It can also be understood from his statement that they are unable to live with their family members peacefully and happily united together in the family. They also do not respect others' space and he also did not receive that space because of his changed role and status. Family theory states that the characteristics of one generation pass on to the other,

whether good or bad. For instance, younger generation inherits the violent behaviour and approach, if he or she has witnessed violent relationship between elders.

Few others were not that critical and suggested that it is one of those extreme steps which one takes up only when all other options are closed. Mr. Ramnarayan said, "People go to Old age homes only when their self-respect is hurt." He also advises aged people to not interfere in the trivial family matters and they should learn to adjust with the changing scenario. Mr. V. J. Gupta also feels that people over there live out of compulsion and not by their own choice.

In few cases it was also visible that even in some of the worst cases they are not willing to join any old age home. Mrs. Sita Devi (80 years) has been living in a rented house all alone for more than a decade. She cooks food, visits market, buys needful items and performs other activities with difficulty on her own. Her both daughters (who live in Delhi) just visit her in case of any emergency or once in a month. They merely call her at night after dinner. She sits in a park for very long hours because she can meet with few other people. Once telling about her condition she said, "*Saanse kaatni muskil ho jaati hain, akelapan kaatne ko daudta hai.*" (To breathe is difficult, loneliness is nightmarish). Still she is not willing to join any Old Age Home. She replied "I can't leave the place as all my contacts will go away, I will feel lonely and depressed. I can't even imagine of leaving the area where I have spent years. Why to go in an alien place? I am not in such a need. I have my friends and *Mandali* (Group) with whom I somehow pass my days."

While talking to these aged people of Adarsh Nagar it was felt that not everyone is aware of Old age homes. Researcher briefed Mrs. Madhubala about old age homes and then she didn't find it suitable. When Mrs. Sita Devi was asked that if she would like to join any old age home, as cooking food at this age is difficult. She first told researcher to describe about it. She, even at the age of 80 and who lives alone, had no idea about such an institution existing. She only knew about *Vrindavan* where old widow women like her live. This onus surely falls on other government agencies who are supposed to be working for the welfare of aged. It is unfortunate that even though she avails some of the facilities and pension from government, that means she is in regular contact with government institutions and employees concerned with elderly welfare, she was not told by anyone about Old age homes. Many others just know about old age home and not the facilities and services it provides.

Table 12: Issues, needs and coping mechanisms in case of aged living in Adarsh Nagar

Sl. No.	Issues	Normative Needs	Coping mechanism by Aged
1.	Insecurity	Security Protection	
a.	Life (risk of criminal attack or accident) Emergency	Not being alone Safety 24*7 emergency services Proper Institutional mechanisms	Register with Senior citizen cell of Delhi Police Going out accompanied by a family member Sitting in the park with others of the community Not opening the door to strangers Keeping contact numbers of neighbours and relatives handy
b.	Financial	Regular and reliable income opportunities for employment according to physical and mental capacities Easier loans	Continuing to work Pensions from employer or government (for the elderly, for widows) Insurance Sale of property
c.	Of partner	Familial support Relatives support	Extra love and care to the Partner Signing the Deed Asking others (family, neighbours) to care other partner on his/her own demise Insurance
d.	Property (Money/immovable/movable)	Clearing the issue early Accessible and	Property insurance. Bank, lockers, Deed They do not give vacant

	Occupancy of the property by tenants	affordable redressal mechanism	rooms on rent though they run short of regular financial income.
2.	Psycho-social		
a.	Loneliness	Togetherness	Religious and Spiritual. Trying to talk to and get involved in family matters Societal places
b.	Isolation	Inclusion	Sitting at balcony when reside at upper floors Sitting alongside road Sitting at common place at someone's Gate Park
c.	Widowhood Female Male (explanations are subject to vary due to duration of widow hood)	Self sufficiency Social support and acceptance Removing prejudices and myths. Integration	Dependency on children Isolation from the society in case of female Less participation in cultural activities (both) Participation in social activities and associations (Male) Looking towards spirituality and religion (both) Donating/ participation in welfare activities (male) Limiting to self (male)
d.	Boredom	Recreation Engagements Pilgrimage and other travel Association	Association (Male) Magazine newspaper (mostly male) Park (both) Temple (largely female)

		Community participation Day care centre	Chat /gossip(Both)
3.	Family dynamics		
a.	Insult, disrespect	Respect and love	Listen /ignore/ curse fate
	Male	Catharsis Keep status intact Make strong social bond to use as a pressurizing agent in case of need	Less talk with family members Avoiding home Sharing with friends Joining some associations Avoid transferring whole of property Giving cash to children in chunks Threatening statements (leaving house, kill the opponent or self , give property to someone else etc.)
	Female	Engage in <i>kirtan</i> – <i>bhajan mandali</i> ,	Weeping. Sharing with close women group More engagement in domestic work Sitting in Park for long hours
b.	Generation Gap	Better understanding Patience Constructive discussions Flexibility Tolerance	Out rightly rejection of non traditional idea/thing Regular connection and comment on the issue. Non interference
c.	Changes in Role and status	Patience Time Adaptation	Slow acceptance Coordinating others' work Learning through mistakes

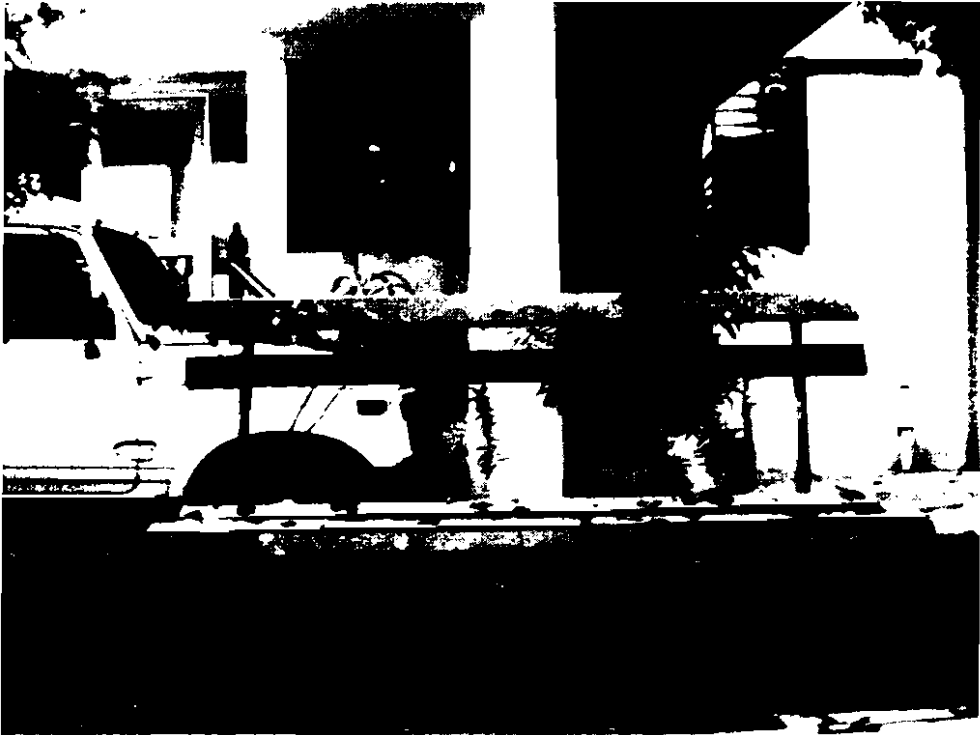
4.	Health	Health Insurance. Regular Check-ups. Medication. Effective and affordable treatment.	Ignore unless severe Approach nearby clinics or chemists CGHS or Earned amount Jogging/Exercise/laughing club/yoga depending on health
a.	Arthritis	Precautionary measures Timely consultation and treatment	Use of cane, stick Avoid sitting on floor, attempt to social Persuasiveness (talking to passerby neighbours and acquaintances)
b.	Disability (locomotor)	Enabling housing and environment Caretaker. Social life (relatives, friends)	Avoid staircase Use of Commode Walk in presence of near ones Telephonic conversation Prefer to spend time in comfortable position
c.	Vision	Operation if needed Family responsibility to make sure of their safety. Not to keep harmful and dangerous items in an open.	Avoid visiting relatives' places Avoid walking in unfamiliar areas
5.	Socio-Political		
a.	Participation	Awareness Motivation More formal forum	Through associations. Use of old contacts Discussion and debates in

			<p>park/home/common meeting place</p> <p>Reading newspapers and listening TV news</p>
b.	Voting	<p>Transportation</p> <p>Friendly environment and facilities</p>	<p>Use of Auto/Rickshaw</p> <p>Taking help of family members or neighbours</p>
c.	Any social/community problem	<p>Encouragement</p> <p>Empowerment</p>	<p>Letting the earning/eldest son (mostly) decide</p> <p>Formal complaint</p> <p>Complaint to local representatives (MLA/Councillor)</p>

Source: *Compiled by the researcher*

Chapter IV

FRAGRANCE OF LIFE AT OLD AGE HOME



Flowery yet empty

Introduction

Before analysing the issues, perception, problems and attitude of aged people living in Old Age home, it is important to note how their views were different from that of the aged people living with their families. In case of Adarsh Nagar, researcher could interact mostly when they were out in parks. With the exception of one or two meetings which could be held at home, all others had taken place in the parks. While in case of OAHs, aged were sitting in their rooms and so peace and comfort level was higher.

They are still very much present in their past. Sometimes it feels like they are living just for passing their days. Aspirations have been lost from those aged who made a painful shift to the old age home as a last resort for their residence.

Ten aged were interviewed about their daily activities and life. The aged have different reasons and to an extent similar pain to shift to OAH from residential area. They found themselves mentally uncomfortable where they earlier stayed. Physical pain can be born if not accepted wholly but attitudes towards environment and self, decides the course of happiness in their lives.

It has been the major issue which compel them to find a new alternative despite their property ownership. This had more to do with psychological understanding of the phenomena. How the person took the issue. How he failed to deal with the crisis in the family and in the community; it also raises questions not in understanding social gerontology but relating it with the developmental science.

Mr. Kapoor could not speak when asked about his son and his whereabouts, somewhere that discontent with the son and daughter in law could be seen. On asking about whether his son meets him he says he has not informed about his stay in OAH to any family member except one daughter. He communicates to other daughters and relatives. He says other people think that he stays with one of the daughters but he has been staying in OAH for past twelve years. He has something which he does not want to share. One thing was conspicuous from his story that he stepped out of his house after the demise of his wife. The year of her death and year of leaving the house was the same. He does not say anything good about his son whenever his name comes, he switched to something else. This shows his defence mechanism to keep himself aloof from such anxiety driven memories. Also he feels that his ego was hurt but other friends said he did not get the respect and space in the family.

His son ruined all his property for establishing business, later he started extortion of his mental peace, daily torturing mounted. His daughter in law never paid heed to him. He was humiliated several times after which he decided to leave.

The aged not only have the memories of different roles which they played in their life span. The contribution cannot be shed to an extent to ask them to leave the house which gives out the meaning of losing their existence, of their identity, of their self esteem and self image. This turns out to be a setback when she/he is asked to do so. In context of Old Age home few aged have been clearly asked to look for another alternative by their sons or relatives.

Ms. Kanak devi was living with her son, she used to have regular arguments and fight with daughter in law, sometimes son favoured her but according to her he mostly backed his wife. She continue to suffer but one day when her son asked not to touch the fridge as she make it dirty and also started abusing her on the argument of the previous fight. Moreover, he raised hand when he could not control over her. This was the turning point when her determination got strengthened to look for another alternative; for this her elder daughter residing in Sarojini Nagar searched nearby OAH. This was the case of physical abuse by the son which domestic violence act does not cover.

Mrs. Kaur is a spinster who came from Lucknow to her sibling's place to get her eye operation done at the Centre for Sight. She stayed there for more than a year after which her sister's son who is a doctor at Safdarjung started looking for old age home. She could not find any place at her four siblings place though she stayed there for few months. According to her, one sister has space problem but others do not have such; but they do not have heart to keep her even when she was prepared to give all her earned amount and savings to the one who takes care of her. She came here after learning that they cannot keep her anymore. Now she feels repented for the decision which she took under the influence of the relatives to shift to get her treatment done in Delhi and stay there with them only which eventually turned out to be OAH.

Table13. Profile of the respondents of Old Age Home (Names changed)

Sl No.	Name	Age	Sex	Occupation/ Previous work (category)	Marital status	Financial assistance Pension*/ family	Property	Living Arrangement/ Before coming to OAH	Arrival in 'Sandhya Home'
1	<u>Kanak Devi</u>	77	F	Class 4	widow	5000	Small house in the Rajasthan village	Extended family with son	2010
2	<u>Charnda Devi</u>	76	F	Class 3	Widow	7000	Flat in <u>Owarka</u>	Extended family with son	2009
3	<u>Amrit Kaur</u>	76	F	Class 2	unmarried	14000	Own House in <u>Lucknow</u>	Alone	2011
4	<u>Kalika</u>	74	M	Business	widower	Interest/ Son	Deposits of sold property	Extended family with son	2009
5	<u>O.C. Kapoor</u>	84	M	Class 2	widower	35000	Properties in <u>lucknow</u>	Extended family with son	2002
6	<u>Abhay saxena</u>	75	M	Class 1	Married	38000	Flat in <u>Mayur vihar</u>	Lone couple	2011
7	<u>T.N.Sharma</u>	74	M	Class 1	Married	42000	Villa at south Extension, <u>Delhi</u>	Extended family with son	2011
8	<u>Supreet Kaur</u>	68	F	Class 2	Married	16000	Houses in two Places of west Delhi	Extended family with son	2007
9	<u>S.M.Thwari</u>	82	M	Class 1	Married	40000	House in east <u>Delhi</u>	Extended family with son	2014
10	<u>P.R. Anil</u>	74	M	Class 1	Married	40000	House in ODA <u>munkita</u>	Lone couple	2012

(All Govt. Employees except one had business)

Socio-Political

Participation: Many of the respondents underscored the need to be involved in collective life and to be more than a passive recipient of social activities. The greater involvement and participation is also related to the fulfilment of the need for meaning in life, which makes individuals strive for a heightened sense of importance in their respective societies or communities. However, low levels of social activities are characteristic of life in old age homes, adding to the feelings of loneliness and isolation that the inmates have due to separation from their families.

Decision making in the family: As people age throughout their life cycle, they go through a multitude of changes in terms of societal and familial roles and entailed responsibilities. As an individual reaches age of retirement, her offspring are mature adults, self-dependent, having their own families to tend to. All these factors result in the shift of decision making powers from now aging individual to young working head of the family. This change of status in family, coupled with the increased financial, physical and psychological dependence causes stress, lowered self-esteem and self-efficacy in aged members. They also become more vulnerable to various psychological and cardiovascular disorders. The results of British Whitehall study indicated that those who reported lower control in the work, including lower decision latitude and less autonomy, had poorer health, higher risk factor for cardiovascular disease. (Marmot, 2004). There is an “inverted U shaped” relationship between the process of aging and the decision making authority. As a child grows and proceeds through adulthood, his decision making authority is increased with time, once after reaching a peak in late adulthood, a certain drop in decision making authority can be seen, as the individual has to hand over the authority to younger in family.

Awareness and Acceptance of Role Change

Ageing as a process inherently involves not just irreversible physiological changes, but also rapid social changes, change in roles and status in all facets of an individual's life. The adjustments of such scale places enormous amount of stress on ageing person, the situation is exacerbated in absence of adequate awareness and information. Also, self-awareness and self-insight regarding one's various requirements and acceptance of changes brings about the sense of purpose and satisfaction, and thus is instrumental in facilitating well-being of aged people. As noted by Dubey et. al. “Awareness and acceptance of the fact that ageing has physiological, psychological and social determinants would make the ageing process acceptable, cheerful perhaps, even desirable by making living meaningful”. (Dubey et. al, 2011:96)

Party affiliation and development

In our cases, the stark contrast in quality of life and the infrastructural facilities between the localities of old age homes and Adarsh Nagar, can to some extent be attributed to the differences in political negotiability of the residents of both groups. Whereas the residents of Adarsh nagar, are more, politically empowered and thus, enjoy higher levels of political negotiability that results in better maintenance, security and governance.

Safety, Security and Well-Being

As the study focuses on the middle class aged of two different locations with one common ground of being that both communities range from lower middle class to upper middle class members. All of them have some kind of proprietor security or at least modest support even with grim socio-economic conditions in case of a few respondents. Two kinds of transfers have been talked about by Palloni (2001), one family transfers and the other social transfers. Family transfers have in general been a great boost for the aged in the form of support through co-existence with the children or kith and kin, but that is the lack in case of the aged in the OAH. Whereas social transfer include all the support through the public transaction, such as pension, plans, disability income, subsidised institutions, health payments or a subsidised OAH which determines the interrelations of the well being of other elements.

Physical Security:

The need for physical security is arguably the most fundamental need for aged people, as expressed by the residents. As the process of ageing is accompanied by decreasing social activities and physical abilities, the aged people from middle-income groups become an “easy target” with their savings, pension and remittances coming from abroad for their dependence for their everyday needs. ‘Old Age home’ has been facilitated by good infrastructure of roads, housing with security provided by the NDMC. Still some of the residents expressed their fear of staying out after dark.

Financial Security

Of the inmates, majority have more than enough to meet their basic needs comfortably. While most are now not working, some continue to go out for regular work.

According to those working inmates, sitting idle at a place ruins their skills thus they still work outside even when with monetary security. They don't work to make money but to keep themselves occupied. According to Gruber and Wise (1999), aged people tend to save money even in their old age, which is not the reason with these members who have enough financial security and are still working in an institution where they are getting monetary return.

However, those other inmates' who draw regular pensions condemn working till later ages or sometimes even working outside and considers such people low in monetary sense. They are of the opinion that "*these people are running pillar to post to gather money*". In their opinion, these aged should not seek monetary help where they work as they already have abundance of financial resources.

The other aged wanted to work but their health and confidence of dealing with the Delhi roads discouraged them to participate in outside work. So here, one needs to notice how aged people have different needs and priorities though they have enough pension and financial security, but still try to work outside. However, others did not want to work anymore as they believe relaxing is the best pastime. Most do not want to be considered "*bechaara*" or "Dependent".

One noticeable thing existed that not all the aged have regular pension or regular flow of assistance. Few relied on the monetary assistance of their sons and interest of the amount deposited on the bank or on the rent. One interesting fact came out that one aged was asked to vacate the house after lapse of the tenure ship of the rent.

Security of Property

Most of the inmates own property but have come to live here because of other reasons. Security of property and valuables has been a major concern for aged people. As aged people retire, they tend to keep some of the valuable things with them and if they can afford it prefer to keep some property e.g.- house, plots, flats, shops for themselves. With rising crimes against aged, they dither to rent out their unused rooms to 'paying guests' or even rent out a bedroom or two. Many of them are fearful of court cases because they might be dragged into legal tedious process. A resident of 'Old Age home', Amrit kaur is uncertain about the security of property she owns and is not ready to go back as she feels she won't be able to have it even if she returns. While many others have left the property locked when they came to Old Age home.

Emotional Security

Family as a mechanism to emotional security

Families serve various purposes, one of which is the need of intimacy which renders emotional security. Need for intimacy is of vital importance in well-being at any phase of

life, particularly in the later phases of life when one feels vulnerable, dependent on others and at times has "moments of crises". The emotional support is of unparalleled importance for elder citizens. The familial source of emotional security was found to be severed for residents of 'Old Age home'. In the case of Kanak Devi, who has 8 offsprings, nobody is willing to keep her or take care of her. Despite her pension, she is homeless now since her sons threw her out. The relation between them were already strained when her husband was alive, but reached its limits after his demise. She is now afraid regarding who will give fire to her pyre. Her case underscores how they are detached from the son's family, which ultimately results in getting disconnected from the rest of the family. Kanak Devi's family does not even come when she is in need of medical care and she curses her fate for being deserted by her own family.

Most inmates have not cut ties so completely, ranging from occasional visits by children and grand-children to going for all family functions but otherwise staying here, to going to stay with their families for long periods in between periods of staying here.

Community:

Social relations and transactions is also a very vital source of sense of purpose, direction and affiliation. Societal connections are the ones formed in the workplaces, parks, vicinity, neighbouring. Societal emotional security in Old Age homes was found to be more deeply held since the people share common institutional arrangements, food habits, habitations etc. The need for affiliation is also fulfilled through the societal emotional security, as these social transactions make aged individuals feel a part of comforting collective social life, which is a major concern for aged population, who without adequate social support is very vulnerable to loneliness, low self-worth and depression.

Power dynamics:

In closed space like that of the Old Age home the relationships involves the three main dynamics of power, affect and respect. Power comes from the issue of control, where one exerts right or dominance over others, which ultimately affects how the relationship is balanced. Power dynamics influence the behaviour of the people which renders respect towards the other person which determines the relation between the people. The dynamics of the environment of Old Age home can be explained on these terms.

Class dynamics: The OAH, which is for those who can afford the monthly rent of the home, restricts the class differences. But still we can find people from different strata of life. Such as from small businessmen to retired IAS, Director from ministries, class I officer and Colonel staying together. Here earlier status quotient is upheld with people trying to impose it on others, by showing discrimination based on earlier occupations. Some even prefer to talk only in English with each other. The rift between such strata and the derogatory terms used is based on their earlier profession. They prefer to have tea with people of similar strata only. There could clearly be seen a class based segregation based on earlier occupations.

Mrs. Supreet Kaur clearly said in an interview with the researcher, considering herself as of the higher income group that "*Common room mein fourth class baithte hain jinke paas TV nahi hai.*" (*People of lower class who don't have T.V. sit in the common room*). This also denotes her satisfaction of not moving out of room because of obesity, which she considers as a symbol of higher status group. She does not mingle with the lower status group. She is somewhere justifying her non movement. Few people consider "Bihari" aged as the most backward community than the Punjabi, Bengali, and other regional community. Life and daily routine is more or less simple at Old Age but the interaction with self and others bring forth its significance. Frequency of meeting of relatives of the aged inmates at Old Age home shows the power in the home. Somewhere it dominates the existence of these few aged over the one's whose days and months pass without seeing their 'significant others'.

Interpersonal Relations: Mr. Saxena had a bad experience with his previous roommate, while accepting that he cried over the tantrums thrown by his room partner. This dissatisfaction forced him to stay away most of the time from 'Old Age home'. This denotes that he ran away from the worries of the family but he could not fly off the albatross hanging around him throughout the year. He admitted that this distress deteriorated his health. Now he feels better with the new roommate and says "*din kaatna hai?*". This shows the approach which he set at Old Age home. He does not have much expectation but a basic one to live a peaceful life. He kept on saying this thing in several visits of the researcher "*hum logo ko koi sunne wala chaiye we don't need money but love, care. Pyar se do meethe bol de issi se mann khush ho jaata hai?*". This issue of love, care concern as expressed by all the respondents on their own through the regular discussions. This signifies how it concerns them so much that discussion about different issues draws them to express it on the loneliness and lack of concern of their close relatives.

There are distinct groups within the OAH, those who have been senior professionals, have enough financial resources to provide themselves luxuries and comforts, are well educated and speak English. Other kind of groups are of the lower middle class who have enough for basic needs but not for more, have lived a lower standard of material life and are not comfortable speaking English. These groups have very little interaction among themselves and the one with more financial resources is more active within and outside the Home as compared to the other groups.

Changing need for relationships with the aged:

Mr. Saxena said he had been to U.S. several times now he does not want to stay in foreign land, because he doesn't appreciate the western culture of junk food, other thing is children do not take them to outings so he gets bored. After interviewing him several times, researcher realised that it was not the western culture kept him away but contentious relation with his wife and son. Junk food was not the reasons for his stay in India rather bitter relations and also the negligence showed by the children. He said that children did not take them to outing, they always stayed at home. They consider them as burden and stayed there as an isolated member. Also, he does not have any other contacts there. But question arises if there were no such contacts; he loses contacts here, too. One thing was very common in repeated interview and discussions that foreign land did not serve his purpose for the absence of quality time spent with children. It was difficult to pass time there.

Role of aged have been replaced by the new gadgets and computer games in the market. The time which a child used to pass with the Grandparents are now taken up by the video games, homework and other technological advancements, which abstain the opportunity to build emotional bonding in the increasing marketized services replacing the interdependency of the human relations.

Old age institutions and exclusion

Social exclusion term was coined by Rene Lenoir in the early 1970s. According to Tiemann, social exclusion is a broad concept which is difficult to measure in set measures unlike poverty. Cited in (Blackman and Sally, 2001:153).

How old age institutions work as a social exclusionary phenomena and it is imperative to highlight how we can bridge the gaps between the society and their life which can be thought of as interplay between the societal collective life and individual 'life'. Social exclusion can be understood not only in terms of the tangible and physical aspects of life but also its impact on individual's psyche. Life has its meaning and interpretations but relevance of studying people's daily activities and their attitudes become significant when we think of understanding "life" in the sense of spirituality and wellness.

The degree of social exclusion is higher among those aged who are staying in an old age home as they feel disconnected from the physical surroundings and also the social life in which earlier they lived. Old age home as a community aggravates the feeling of social exclusion as the inmates have less choices to interact with and activities to engage in. Social isolation in Adarsh Nagar was found to be less, because the aged enjoyed choices of whether to interact with other people or to remain aloof from others.

Engagements

Retirement and further engagements: Retired persons do not entirely retire but taper off to new engagements, which are less demanding (Lee, 1962). Aged persons who retired from Ministries and other govt. Offices shifted to other organisations for involvement and also to keep themselves away from idleness and anxiety. These jobs required less working hours and were conducive for them. They also shared experiences of working with different organisations. Some people have faced problem in adjusting with the environment as not all the aged are educated and have worked with ministries are rather of Business class. This class inclination gives them acculturative stress. This was very much common in Old Age as very limited people stays including couples. In such scenario talking with only those inmates who have attained status in their life and the option for becoming friends is lesser in circumstances where they have ego clashes or disinterest in each other's well beings. Uneducated aged did not get the status by the educated neighbours, which was inferred from Mrs. Amrit Kaur who avoids talking to uneducated women and men in general in Old Age home. Most of the time she is alone crying over her fate and listening to Guru kirtan.

Even after coming to Old Age home, those who have been active in their earlier life, seek other engagements related to their interests and expertise. It has been observed that few people want to stick to their older profession or work as per their convenience. On the basis of discussions and interactions it was also seen that some aged want to discover something

new and different areas of work which they couldn't do in their earlier lives. This made them feel active, rejuvenated and occupied. The experimented observation of the aged who did something differently and also who continued the same kind of work showed the satisfactory level and behaviour being different. Aspirations, way of looking at life and attitude had elements of progressive thoughts, zeal, enthusiasm, activeness, better cognitive behaviour was seen in case of aged experimenting something new. Those who were continuing the previous kind of work could relate present with the past. They could associate words, actions, events and lives with the lived and experienced ones. Sometimes this forces them to succumb to stress and depression. On the other side it is also important to note that as they are usually skilled and well versed in those activities they feel confident and good about it. Also, chances of getting recognition are higher. On the similar lines of past if good memories are attached they feel nostalgic about it and get motivation to work.

Mr. Sharma, a class-1 officer worked with K. R. Mangalam School managing committee as a chairperson, has a routine job like earlier which keeps him occupied even after retirement. He took time off for leisure activities with his wife who stays with him in OAH. After deterioration of health due to the case of Dowry Act, 1961 which his daughter in law has filed against the couple, he left the job. Now, he is in severe depression with ample time to relive into reminiscence which gives him a feeling of disgust, guilt, and with no hope of coming out of it. In consequence to this, he developed suicidal tendency and attempted suicide too, when he had to be admitted to hospital to detoxify the effect of copious sleeping pills.

Mr. Saxena is a Secretary at old age home, Rohini, Administrative member of registered Temple, Member at Pensioners Retired Persons Associations at Janak Puri.

He says that he gets depressed while sitting in the room whole day. He says watching a television has also its limitations. He opines that it can entertain only for few hours, not whole day. The memberships and meetings with friends and association members keep him active and alive as they not only keeps him engaged but also relates him to reality, since the OAH has its own rhythm and life which keeps it aloof till the time; some group comes to visit them. They feel great about such visits.

Mr. Tiwari retired as an employee from the Ministry of Minority Affairs. He works as a lawyer of Guru Dwara Managing Committee in one of the famous Guru Dwaras of Delhi.

He says he cannot sit in room idle regarding of liver cirrhosis, obesity and diabetes. He is high in spirit and wants to work till his health accompanies his passion for work.

There is one widower who is in his eighties, works as a director in Air conditioner plant in Faridabad uses Public transport and goes out for recreation such as clubs, restaurants. After the work he goes to the race course and has a passion for betting on horses etc. on weekends. He does not feel old and walks faster than any other inmates of OAH.

Supreet Kaur's husband is a retired engineer from the Government Department, who is now a member of one of the NGOs working for women. Supreet Kaur herself wants to work in a Government school on the condition that it should be near, underscoring her physical disability.

Change of job does not suit aged they continue to prefer the previous work or previous nature of work. They work considering convenience, competence and capability. They find themselves satisfied and condemn sitting idle; Aged opine one should do work till he wants, "there should not be stigma of aged with its competency". Mr. Saxena wants to learn computer, he is planning to buy a laptop so that without going out he can visit around the world. Some people have zest for learning new technologies and engaging into different professions to keep themselves active and productive.

Few of them even used creative means to cope with the issue of inactivity. They write poems, stories, couplets and paint as well.

Mr. Anil maintains a diary. He writes all the daily activities and thoughts which kept him engaged throughout the day. He reads newspapers, books and religious texts to find meaning in life. Like him, few others maintain a diary as well. Mr. Harpreet Singh paints and writes articles on social issues. Earlier he used to send those for publications but now it has been stopped and he only writes to express his feelings. But still aged doing this kind of constructive work are few in Old Age home.

Recreation

Outing

Once in a year an outing is arranged by *Old Age Home* to nearby places. In addition, Delhi University, Jawaharlal Nehru University, schools and other institutes invite them all. Their visit to such places is cherished by them and lives in their memories. This activity serves two purposes one is the Aged feel change and fresh and other it brings forth the fragrance of their meaningful living as a message for the students and a need to assess and analyse the thinning and breaking of family relations among the young generations.

During one such visit, the researcher observed their joy prior to the trip. Inmates made detailed preparations, discussing with their friends about the dress which they would wear. Pictures taken earlier on such occasions were shown to the researcher after many visits. Excitement in visiting a new place has meanings and feelings attached.

Meeting with out-group members at home

Various institutes from secondary to higher educational institutes, companies, research institutes arrive to serve diverse purpose, some come to donate articles, few others to engage these aged into a memorable event through interaction, discussions, games, and provide snacks, memento in the form of gifts, shawls. Here, they do photography with visitors as well. They enjoy when some group of people come to visit their place. They celebrate moments with two reasons, one they actually feel honoured that someone is there who is concerned about the aged, who want to know about our living conditions, as what Mr. Saxena said. The other reason is that when other members come to home they start making fun of their visitors in code language. According to this group of respondents who are mostly Panjabis in the first group, they get some entertainment by commenting and using code language to discuss the visitors. This group has also developed code language to interact in the presence of out group members.

Antakshari:

It is a very popular game usually having two (or even more) teams. A team sings a song and the other has to start another song starting with the end letter of previous song. It is one of the most well known and easier ways of recreation. As a collective activity it works as a stress buster. It increase participation, slows down the pace of cognitive decline among aged in their later phases. This celebration not only brought scattered people together who were in their own routine with own engagements under one room but also generated one form

of positive energy among them. In these regards it becomes fun and requirement for the aged in Old Age Home.

People got dressed up and eagerly awaited to welcome new group to Old Age home, they persistently asked the manager about their arrival till they came. Team from a business consultant group and the aged introduced each other in a gathering held at a common room. Some aged members were at first not willing to attend the programme, so to increase everyone's participation out group members looked into every room to bring out more people for the activity which they had planned.

This shows how people who had left the past in one corner now wanted to live and enjoy the present whereas the others who are still preoccupied with their family issues, attempt to abstain themselves from the group activity. Mrs. Kanak Devi and Mrs. Amrit Kaur were the two respondents who were not willing to join the gathering for extempore activity.

Inmates were divided into two teams. After a long and enjoyable Antakshari one team had to start the song with "Ha" and Mr. P. R. Anil suddenly broke the silence with the song "*hume tumse pyar kitna hum nahi jaante*". This surprised everyone including the researcher as he was considered a very silent person in general and non participative in such activities. Later on he was chosen as the case for the study. At that time it was quite strange for the others but slowly it came to the light of researcher that his relation with his wife was not well. He was alleged by his wife for beating and then she left for USA with her son. He had no contact with them for last few years. Despite having his house in Delhi itself he joined Old Age home. It is interesting to see how their old memories stay with them even during the activities which are actually meant to be a mode to avoid those (especially the undesired ones).

Family Celebrations: Only some inmates are invited for their family's celebrations. Even if they are invited they are either only invited for a particular ritual or the main part of the function. And the aged also prefer to join the functions only when more people are there and the function is at its peak. In the case of Mr. O. P. Kapoor he gets invitation from his family for the birthdays of his grandchildren and marriages. Sometimes he ignores the invitation and at other times he attends birthdays of grandchildren as per his convenience and health. In the

case of Supreet Kaur she also attends marriages of the relatives and family functions of the children hiding the fact from others that she lives in Old Age home.

Celebrations

Religious:

Usually religious celebrations are common part of Indian society and especially involving the womenfolk and aged. On the similar lines it was seen in the Old Age home, that all the religious festivals are celebrated here. Few inmates like Mrs. Sharma and Mrs. Tiwari are highly religious and very active in such celebrations. Mr. Kalika and Mr. Saxena are the most active male members who try to involve more of their inmates. Lohri, Holi, Diwali, Navratri etc. are the major festivals. A common room or place is used for all such celebrations. Aged people who are usually silent and not much participative in other activities also take part or silently watch and appreciate the mood and initiative by the members for such gatherings.

Important Days

Birthday celebrations are avoided by the inmates. O.C. Kapur says he does not recall his family on his birthdays considering that they have their own lives. So, recalling them does not have any impact. He has stopped feeling about it and said "*Hum buddho ko kaun yaad karta hai.*" (*Who remembers the aged like us?*).

National festivals like Independence Day and Republic Day are celebrated in the Old Age home. On other days they simply sit and watch the television. On these days, sometimes their family members also visit.

All the celebrations extend two to three days prior and continue till later days. It is important to note that these festivals are not merely a day or an occasion to pray, worship or feel good about themselves or nation. As their preparation for these days start early, few of them manage and guide the Old Age home staff. It can be seen that people look forward to these days as some important event of their lives. They wait for these. Even though engagements are less and they miss their families during these occasions, the changed environment and daily routine which has brought something new for them is very crucial. Few take them as some days which went off fast out of their remaining lives and for these are events to be celebrated and remembered.

Psycho Social

Stress/Depression

All research studies indicate the growing vulnerability of aged to depressive tendencies and the vicious cycle of depression. Depression is not a normal part of aging, but often occurs with other serious illnesses. Depression is most often under diagnosed and untreated in spite of the treatable mechanism by a combination of psycho-therapy and medication. Depression can be draining and may leads to other health problems and suicide. Prolonged depression may bring sadness, tiredness, sleeping problem, loss of energy, thoughts of death etc (Greene, 2012:191). Unhealthy amount of stress and depression are most likely to be un-diagnosed and left untreated, because of common stereotyping of ageism. It should be worth noting that suicide rates in the aged are the highest of any adult age group. Inadequate care giving by family is further adding to their woes and precipitates stress in their psychological well-being (Litwin H & S. E, 2006). This as a subject of research requires further and more exhaustive data from old age homes.

Loneliness

Loneliness is of two types- social loneliness and emotional loneliness. Inadequate social networks and subsequent poorer interactions are the core elements of the problem of loneliness. There are multitude of approaches to isolation, first is to treat isolation as a result of unfulfilled social needs. (Dykstra & Fokkema, 2007 cited in Cocioppo and Hawkley, 2003) Second approach conceptualises isolation by emphasising deficits in social skills and personality traits. Third conceptual approach attempts to study isolation as the discrepancy between the desired and the actual levels of interpersonal relationships. Fourth theoretical approach takes an evolutionary perspective of loneliness and views loneliness as an aversive response to flawed social networks and promotion to inclusive fitness (Cocioppo & Hawkley, n.d.)

In 'Old Age home', old social networks are severed and formation of new networks asks for a good amount of adaptation, also causing acculturative stress. There are many factors contributing to loneliness- retirement, death of spouse, migration of children etc. In cases of Chanda Devi, Supreet Kaur and many others emotional loneliness was mostly caused by the absence of children, siblings or spouse, when the aged are feeling most in need.

Mrs. Supreet Kaur does not feel loneliness as such because of her husband's companionship and emotional security she gets out the relational bond and support.

Isolation

Isolation is deeply related to loneliness, as former is followed by latter. Isolation is caused by physical or psychological distance from the social networks and interpersonal relationships. Isolation is a form of social death and exclusion; it is a state of physically alive but socially dead (Mallick, 2009). In the case of Ms. Kaur, she has siblings in Delhi but still she cannot maintain regular intense connections with her, this causes her to feel isolated from them. In other cases as well, exclusion in the form of isolation seems to be the recurrent theme in the narratives of other residents. However, it is also noticeable that isolation could be constructive as well. Old Age Home is an Example of such isolation for those who voluntarily chose to shift to OAH despite the respite from general and common insecurities which no. of literature discussed about it; i.e. financial insecurity, health insecurity, and violence. Here, such approaches reflect the attitude of the society, which no way is acceptable. People shift to Old Age Home but they neither prefer to live at home nor do they sit at Old Age. They keep on engaging themselves to deal with the current situation. At home they face differences of opinion if not everything whereas at Old Age Home so much isolation begin to deteriorate state of mind among aged. Hence, they found a resort to deal with it by working out in formal organizations.

Stigma

The term 'stigma' has got an entrenched meaning, perceptions and attitudinal behaviour by the society which is expressed in the form of shame, disgust, hopelessness, blame in the society ("Stigma", n.d); . The norm of being with one's children in one's old age is what is considered the desirable or ideal situation. The abandonment by children is seen as a negative attribute and therefore, in the context of Delhi's middle class, living in an OAH is stigmatised. Stigma of residing at 'Old Age home'; stigma of leaving own house is evident in almost all the inmates. Whether from lower economic background to upper middle class, one thing which was common among all inmates was not informing about their stay to all the members of family or larger social circle. Some concealed from relatives and neighbours; others did not want to inform even the local guardian but as it was mandatory to

fill the form with the local guardian address, they mentioned it. Mr. O. P Anil, Mr. Saxena, Mr. Chawala, Mrs. Chanda Devi and Mrs. Supreet Kaur were such cases.

Mrs. Supreet Kaur has informed all relatives that the couple switches places between both the son's houses, visits relatives in Ambala, Mumbai and other places, so anyone coming to meet them would have to inform them in advance. They prepare for such relatives visits by going to their son's place early with their luggage and unpacking their clothes into the wardrobe as if they normally lived there. "*Hum log toh parivar par bojh hai*" (*we are burden on the family*) said Mr. Tiwari after several visits by the researcher to the Old Age Home.

Death Anxiety

Death is an inevitable fate for all individuals, which seems more and more imminent with the process of ageing. In the later phases of life, an individual realizes the inevitability of death and is also likely to see other individuals die in time. Elisabeth Kubler-Ross, suggested that people go through five stages of reactions when they face death. The stages are Denial-Anger-Bargaining-Depression-Acceptance (Kubler-Ross, 1997). The cases of O.P. Kapoor, Mr. Sharma, the anxiety of death and their anxiety regarding how to deal with it, seems to be the biggest worry. Anxiety exists among aged, as they had come here with the understanding of spending last phase of their life. There are different forms of anxieties which includes; Death anxiety is one among them. This was found in old age as prominent issue for the aged who wanted relief from all the present worries. Death anxiety not only included their fear of death but also post death scenario. We but some of the aged who have spent few years in Old Age are in the midst of turmoil as they have experienced loss of relations. Amongst stigmatization and isolation, they have made friends to keep themselves into the emotional balance and their loss snatches the emotional security that they felt with them. The aged also start reflecting on their death and what will happen to their body later. As during the visit to Old Age home, it was observed that they were saddened on the demise of their friends for a week. They discuss about their life, try to find out relatives response. They see their children who happen to be financially secured with downcast eyes that they could not afford place for the aged parent. Mr. Kalika who lost his room partner was saddened on his death and changed the room as he could not cope with the depression under which he went. He had memories of three years which he spent with him. Mrs. Kanak Devi was also saddened with the death of her room partner. She says "it became difficult for me to cope after my room

partner's death" as the memories and other thoughts kept haunting her during the night. Living in that room becomes difficult for initial days. Those who are in their 60s and 70s and have enough capacity, security and energies to want to live life.

Suicide: Incidences of suicide takes place in old age home due to neglect by the family and depressive tendencies develop. According to the Home manager, this had occurred occasionally and it is difficult to identify the reason for death. Also whether it happened with consumption of chemicals or sleeping pills, heart attack etc. is often not easily known to them. He talked about the recent suicide by an inmate on the occasion of Diwali. The aged person had told his inmates happily that he was going to celebrate and stay at his daughters place. However, after not being asked by them to stay back for the night, he felt humiliated and came back to the Old age home. Without meeting other members he thought over it throughout the night and hanged himself in the morning. As what was known to her room partner. "Those aged 60 years and older number 41 million, forming 7% of India's population. The suicide rate among the elderly is higher than the national rate. The data derived from the Government of India Statistics, from suicide prevention centres, suicide autopsies, geropsychiatric clinics, and survey studies indicate that suicide in the elderly is increasing. Depressive disease is the leading cause for suicide, followed by physical diseases and poverty. Family integration and social integration were found to be more important than 'living in the family'" or 'living alone'." (Rao, 1991). It has been observed in the study that suicide rates among aged living within families are less, and also such suicides are likely to go unreported due to the age at death and family pressure.

Aspiration

Aspirations of aged people are an important indicator of their well being, what the aged aspire to achieve, what they desire now and the gap between both, and subsequent level of satisfaction with life. As was observed in the case studies, though some of the residents in OAH owned property and received hefty amount of money from pension or offspring, they desired to have more social networks and wished to have a healthy relationship with their families. Mr. Saxena, only aspired to have his family, that he invested his whole life into his family members.

Catharsis

Catharsis as a means to vent one's anxiety, pain and anguish; is of vital importance to aged people. On a theoretical level, the collective life in OAH is an ideal place to facilitate

catharsis, since residents can also offer empathy and understanding of other aged people's worry. However, catharsis without the much required closure might also aggravate the emotional turmoil and conflicts. An aged resident, one day after sharing his painful experiences committed suicide, underscoring the flaws in the catharsis process. When everyone shares his/her anguish in a situation, the environment becomes very heavy and further deteriorates emotional security and well-being. Many of the OAH residents also demand a counsellor in the OAH, who can facilitate the cathartic process.

Perception

Positive Perception of one's own life and the evaluation of it deeply influence the life-narrative, which in turn contributes to well-being. Whereas when a person gets more judgemental about one's life, it creates negative attitude, causing distress, depression, self-pity and low self-worth. Also, the perception of other residents is also biased on many caste-class-location distinctions.

It has been asserted by many researchers that ageing is not a uniform, linear, universal process. The process of ageing is largely determined by changes in social, cultural and symbolic meanings derived from interpersonal interactions. The contextual cues, as perceived by the ageing individual direct and reorient the process of ageing.

Different cases could be seen in OAH. Like two married female aged find ageing as a beautiful phase despite the odds they faced earlier and presently which they are facing. Mrs. Supreet Kaur is totally dependent on her husband for daily insulin injections and Mrs. Sharma faced depression of her husband and his deteriorating health. They are the only women who call their life beautiful at the old age home. They feel that this is the only phase where you can think about yourself and spend time with yourself. However, this is coping behavior, since the OAH concept is a kind of "*Majboori*" (compulsion) for them. Otherwise, if they had been enjoying it they would not have frequently gone back to their social life outside.

In the other case where an aged putting his wet clothes on lining heard one of the staffs calling "BUDDHA" (a rude of expression of aged in Hindi) over phone. He felt offended and he scolded that person very badly. From this it can be inferred that aged do feel not just about the OAH but also how other person perceives and thinks.

The other aged came to OAH as a last resort but one said he has come here to serve people. This shows her stigmatised notion of OAH, and also the perception which does not keep her well, that people have low status in the family and in the community those who have come to Old Age home.

Attitudes and pattern of behaviour towards environment

Attitudes towards others and subsequent exhibited patterns of behaviour are aligned to the perception of one's self and the world around her. Attitudes are the cognitive reactions to the perceptions and the patterns of behaviour exhibited are the behavioural manifestations. The attitudes are in coherence with the cues received in social interactions, as can be seen in the self-fulfilling effects of ageism. Attitudes towards the other inmates are also apparent in the patterns of behaviour. The attitude towards life is most apparent, as their lower levels of activity, cynical attitudes and negative notions regarding society and government demonstrate. They felt caged and saw life itself as a burdensome task, one of them called the OAH a "Golden Cage" and said that the "life needs a push".

Mrs. Amrit Kaur says: "*Mann lagana mushkil hai OAH mein*" (*It's difficult to enjoy in OAH*). She lives in an emotionally insecure, socially alienated institution and institutionally constructed make-shift social life. However, sharing space by both aged does not appeal to the woman; according to her these aged have different set of behaviours and orientation, which makes her uncomfortable.

Duration of Stay, Participation and Well Being

Since the OAH has no to exclude its members after certain years of stay, behaviour could easily be observed between new member of Old Age home and the old inmate. These aged responded differently despite the differences and uniqueness of individuals. The aged can be clubbed together into two groups one is the 'seniors' and others who are recent resident of Old Age. Those aged who are senior residents of Old Age home are less participative and have developed avoiding tendencies in getting into any argument. The seniors have set routines and have conditioned themselves into the Old Age home, now they themselves will not be easily fit into their family easily.

Mr. Kalika, Mr. Jaiswal, Mr. Khanna, Mr. Harmindar Singh ("Golden Cage") etc. are those who have been living in Old Age home for more than three years. Mr. O. P. Kapoor has

spent 14 years in Old Age home. The seniors are able to adjust more in Old Age Home life. They know what can be changed and what cannot be, these members have stopped caring about new emerging issues until they find it major. Fantasies have been reduced to “*din kaatne wali baat*.”(Idle away the days). Those members, who are new, could be seen suggesting manager to bring changes in the activities of Old Age home. Once *Antakshri* was conducted by the outside youth which was able to engage all the members of Old Age home; and distributed snacks also. Mr. Tiwari wanted more such activities to be held. He suggested starting yoga sessions, weekly group meetings of all the members in the home. Manager of Old Age Home listened and looked forward to it.

Socio-Cultural

Religion: Mrs. Santara Devi whom researcher met in Help Age India office Delhi, wanted to live in the OAH which should be near to Gurudwara. She left previous OAHs as she had to cover long distance to offer “Ardaas” at Gurudwara. She can’t find meaning and interest in life without offering prayers. She gets company of a group of friends with whom enchanting prayers relieves her pain. The rituals performed on daily basis engage them.

People from different religion occupy the space of Sandhaya home. Most of them belong to upper caste from Punjab who has worked in different regions of India. The entrance wing was occupied by the 12 people who mostly converse in Punjabi language. One common room has place for religious activity which happens once a month. All the religious gurus could be seen in the common room. They are mostly Hindus with two Muslims and five Sikhs. Religion plays a major role in bringing peace into their life. Women were found to be more religious than men, which could be inferred by the inmates, some of male aged said they do not believe in such gurus and religious ethos.

Four men didn’t take interest in talking about faith, they pointed to other aged who have extreme faith in God. According to the aged women, when they become very anxious over some issue they start chanting mantras, while others visit the Gurudwara and temple which enhances their religious and psychological well-being.

Mrs. Sharma is a very religious person, a worshipper of Lord Krishna and is devoted to ISKON society. She spends 5-7 hours praying daily in OAH. She actively participates in monthly *kirtan*. Rest of the day she spends by watching bhajan and kirtan on T.V., whereas

her husband who is an atheist worked outside before their shifting to OAH. He was trapped into depression due to mental agony caused by accusation of his daughter in law for dowry. This has deteriorated his health as he does not engage himself in any work with in Old Age home.

Their present circumstances can be understood from the past situation where both their savings and dignity had been lost. But Mrs. Sharma had coped with it by using 'sublimation' as a defence mechanism in rendering herself to service of God.

Mrs. Supreet Kaur engages herself in chanting prayers and increases her visits to temples during an emotional crisis. There are other very few inmates in OAH who are highly religious and most of them prefer sitting idle than participating in it. Mrs. Amrit Kaur listens to the *guru bhajans* on television. This is the case with other religious men and women. Religious activity in collective is very less; it is the personal need and interest which they practice it in their rooms. Majority of them do not worship much, rather they are interested in outdoor activities. Temple is not that much near to Old Age home nor it is formally encouraged to convert the institution into religious activity centre. This centre is kept more for living space considering the needs of people coming. Those male members who spent major span of life in working had less interest in religious activities.

Spirituality and Well-Being

As asserted by Eric Ericson in his "eight stage theory of life", in the last stages of human life the most important need is to find purpose and meaning, which can affiliate and justify his/her endeavours in life. Also the need for sense of purpose that can give validity to their whole life is profoundly required. Aged population having spent their whole life gravely requires something which can help them relate to a more collective and greater sense of purpose.

As has been suggested by many research studies, inclination towards spirituality offers a sense of affiliation and participation in collective life through common spiritual activities. It has been highlighted by researchers that a more spiritual life in later phases of life is marked by a distinctive higher level of wellbeing in comparison to non spiritual individuals of the same cohort.

However in case of Old Age OAH, it was found that inmates are not that much spiritual. A very few people are keen to pray and even lesser are spiritually active. They fail to realise that their wellbeing might have linkages with spiritual practices but they rather spend more time in sitting idle or gossiping. It is interesting to note that aged living with their families, are rather more active in this case. A few have even joined some workshops or being in touch with their family member or other aged neighbours spirituality among them comes out.

Gender

It is interesting to find that even those women who have achieved their ambitions and were respected and successful in their younger ages, later faced the same problem of discrimination both due to their age and gender. Mrs. Amrit Kaur, who was a PGT teacher, had done a lot for education and had even established a new school in village Peeragarhi but still she was forced to live in an old age home.

Mrs. Chanda lived with her son and his family when her husband was alive. She was forced to leave after her husband's death. She was ostracized through various means. She bore the brunt of daughter-in-law and her influenced children but when son crossed his limit then her daughter started searching for an alternative and she shifted to OAH. Her sons do not come to meet her. Her other inmates ask her to patch up with sons as they would only cremate her dead body. They also advised her that she should act according to her son's will and not go by daughters' advice because of which they stopped talking to her.

Women prefer to stay together and away from the encounter of male members. They have thus preferably chosen the back wing to stay. Front wing is occupied by the male members except two females. Some of the aged who were house wives feel shy while interacting with male members, whereas others who worked outside in formal institutions talk only when required. There is also class segregation; groups were made based on the likings, interests and rank which they hold in offices. Some aged members are good at heart but they avoid others because of social status which they held earlier. There are also cliques based on the community from which they belong. Mr. Kalika, Mr. saxena and Mr. O.C.Kapoor are from the same Punjabi community. Female groups exist according to likeness of each other or interests. One female participant respondent desires to talk to retired

working women only. She feels uncomfortable in talking to housewives. The feelings of belongingness come across these parameters.

Caste/ community:

In Old Age home majority of people belong to upper caste. Out of 10 respondents 7 belong to general category; 2 to SC and 1 to OBC. Even though women live in both gendered (male –female) home but they prefer to be with their husbands or in their women group. Talking more often with opposite sex members is still a taboo from both sides. This had been the case in Old Age Home where other inmates ostracized one pair and also they were given notice by the higher authority. There is wrong intention of some male inmates towards females which is why, female aged have hesitancy, inhibitions to even face aged persons throughout day and night.

Health

Disability

Some of the aged of OAH get the food in their rooms because of their difficulty in walking or illness; Mrs. Supreet Kaur is one such example who gets pain while walking and that too from upstairs where her room is situated to the mess downstairs. She just walks on the even surface of the veranda near her room on the first floor. She is unable to meet other female inmates who reside at the ground floor because of her inability due to high obesity and pain in joints though she meets other neighbours and those members who come upstairs to her and her husband. She watches all sorts of religious programmes on television. Earlier she regularly visited her relatives' place, father's place but with the increase of disability of her body, the zeal which she used to have has now been replaced by the wish to reduce her physical activity.

Rates of disability are higher among females of all age groups, especially 65 and older. Disability rates are slowing down for men more than for women. A female aged would have more likelihood of staying with any of the family member than the single male aged. Regular room service of food is also availed by Mrs. Chanda Devi who sits and watches television and does all the working except walking.

Mr. Anil had gone through operation thrice both his knees (total). He uses crutches to walk and sometimes suffers from severe pain in joints but he continues to walk in the plane surface to keep the blood circulation and muscles active.

Women had joint problems for which they averted sitting below the knee length furniture. Two male members showed signs of such problems, but they avoid doing that activity which gives them pain. Though Mr. Saxena consulted doctor for which he was given ointment.

Those who have visual disability is handled by clinical operations and use of spectacles and if in case these mechanisms fail to bring back vision the helpless manage to do their day to day activities with the low vision. Mrs. Kaur is an example of such case. She is worried about her fate, as she lives alone and is losing her vision rapidly.

Physiological health

It was also seen that people are health conscious and they try their bit to use preventive care. Mr. Kalika, Mr. O.C Kapoor, and Mr. Saxena expressed that "*Agar hum apna khyal nahi rakhenge toh kaun rakhega*" (if we do not take care of ourselves, who else will do). People take care of each other in case someone gets sprain in leg or cut, or any injury. The injuries or any minor ill-health are maintained by the fellows of OAH. They have their friends circle. According to inmates the OAH does not keep even a First Aid Kit, which makes the OAH residents keep their own First Aid Kit. But sometimes it has happened that when Mr. Saxena got his hand injured he did not get the ointment and bandage with either of his friends. So his friends approached another friend circle to get the immediate needful done. He later went himself to *Charak Palika Hospital* dispensary for the severe cut.

To keep themselves fit, aged members do not exercise collectively. Collective activity has been found very less in OAH. Two male and one female aged member do yoga in own rooms. Others consider life as "*Din kaat rahe hai, chal raha hai*" (Days are spent and life is going on). These aged respondents are not willing to do exhaustive or even light exercise. Earlier Mr. T.N Sharma was a regular yoga practitioner before going to office in OAH but after going through severe depression he left all this. His health is deteriorating after each passing day that too at 64. His wife said he was alright but because of depression he stopped

eating anything. He does not watch television also. His whole day is spent in thinking about the past.

Social Health

According to Weisen year), "Social health is often considered of great importance in regards to individual health, especially as further information and research has established how social interactions can assist in improving other forms of health. Along with physical health and mental health, social health forms the last of the three fundamental and vital forms of health for a person. Social health indicates how that person interacts with other people, as well as the consequences or benefits of such interactions in relation to the well-being of that person. It also considers the interconnected nature of society in general."

Change in the social relations is also noteworthy, since the differences in the formation and maintenance of social relation is hard to miss in both localities. The challenging task of forming new social relations, in the face of loss of old ones, is instrumental to the well-being of aged. The aged usually tend to maintain a small group of social connections. As was noted in the some cases at Old Age home, the aged found it troublesome to cope up with anxiety arising from severing social connections and adjustment in a totally new place with strangers from different cultures.

This can be inferred from the statement of a woman who got angry over enquiring about her duration of stay in OAH during lunch. She screamed at the researcher by saying how many times you will ask the same question. This happened as the previous day one organisation visited home and members interacted with inmates, so in process of interaction another girl might have enquired about the same. On hearing the same set of agonizing questions she got irritated. She also does not want to become the subject of someone's study as she cries over writing her story on a piece of paper and said "*Beti dil bahut dukhta hai jab tum log meri baat likhte ho!*" (My heart bleeds when you write my story). She expressed this thing on becoming subject of the study; she does not like to stay in OAH. The pain of aspiring to live with space in the family could be well imagined. Even the polite enquiry with humility gets a way out for emotional explosion. She avoids sharing her personal trauma with other inmates even after sharing good relations with them.

Mr. Saxena seems to be very active in making friends, talking to different people, exploring new places with their own age group, visiting other old age homes and is an Active member of Private OAH situated in Rohini. He attends several functions of different organisations because of large contacts. He wants to fund an orphan child who should be studious. However, he still finds himself lonely and wants to increase contacts with aged of diverse background so as to leave loneliness behind. He asked to give contacts numbers of those aged with whom researcher contacted apart from Old Age home. This shows how he craves to live in society and also among people but some where OAH which worked as pay and stay has attacked on his aspiration of spending life with his close ones. He has not informed many of his earlier friends and relatives about his stay so he avoids meeting the previous contacts and makes efforts to generate new friends and for this he continues to attend programmes organised in Delhi. This also shows his emotional vacancy despite gaining status, savings and other securities.

Mrs. Kanak Devi spends some time with two female friends at Old Age home. She is quite fond of them and whenever she cooks something she remembers to offer her friends and they also do the same. This is the only social relation left to spend time at Old Age home. Situation get worsen if they happen to go back to their daughters place for a week or month especially, if someone dies, this aggravates their problem.

Role of Neighbours

Neighbourhood has a great role to play especially when one's prominent relations come to be with neighbours. The extent and nature of support vary and depending on both sides of parties. Its support could be of any kind temporary monetary help, sharing cooked food, giving gifts to each other, fulfilling emotional needs, developing social relations, knowing and understanding each other's family situations and analyzing to assess in a way to keep themselves at homeostasis phase of emotions in OAH.

Mrs. Chanda loves cooking she often shares her cooked items with her inmate friends. Moreover, if any inmates get ill it's their room partner who informs the manager and his/her relative about her illness. Primary care is done by the room partner, friends who are generally from the same wing. The reason could be the distance, frequency of seeing each other through out day. Very few persons are there who avoid talking to the person of their own wing that too for strong reasons.

One thing is to be noted here, that everyone has their own story. They tend to hide the anecdote of their life to maintain the status quo among the home members. Neighbours and friends keep on guessing the family dynamics which propelled them to come to OAH. But these observations are implicit and they wait for other person to express it. Mrs. Supreet Kaur, Mrs. Kanak Devi and Mrs. Chanda Devi have not shared their personal histories in detail with other friends and cautioned researcher not to share with other inmates. This happened with almost every case which researcher took for the study. This depicts as they have seen the world and relations which keep on changing and in the midst of it if they share their personal matters with someone whom one should not share might bring insecurity in terms of the respect which a person has earned in a present place. Their feelings could be well observed that in one way these people have faced disgrace and humiliation which questioned their own identity and self image which they somehow managed to get in the new family environment of OAH. Restoring dignity in the changing scenario becomes the matter of concern in the later phase of life in the stigmatized institutional trend.

Mrs. Kanak has not informed her past life much to her neighbours, considering they might stigmatize her as her friends are from “well-off” families.

Her daughter and grandchildren used to meet her from Sarojini Nagar place but after the incidence of domestic violence at her daughters place on the issue of meeting Mrs. Kanak Devi frequently while leaving the household chores and alleging her of transferring money to mother at Old Age prompted daughter to consume rat killing chemical. Eventually she was saved after admitting her to hospital. From then onwards she stopped coming to meet her mother though her grandchildren come to meet her without informing father and paternal grandparents.

Some of the aged persons lack regular source of income on their own. They depend on their children or some relatives to get funds for their stay. As it is required by the Old Age home to pay monthly, sometimes it becomes critical for them to pay on time. In this scenario they take financial help of their neighbours. This also shows their level of dependency on children or on others.

Their state of well-being, dignity, self esteem gets compromised, though two aged used denial as a defence mechanism to deal with such anxieties. Mr. Chawala’s son sends

him money monthly sometimes quarterly (as informed by manager) but in contrary he articulated in the discussions that he is self sufficient and interests on his accumulated capital are adequate for him. The help from neighbours could be in any form emotional, psychological etc.

Most of them had property with them but no one claimed for the property through legal procedures saying at end children would get all the property. However, they know about their rights and duties without a doubt but want to spend peaceful life as some of them said "*betaji bete par case kar ke kya hoga, baad mein toh unhi ko property milegi; iss umar mein bhagwaan ka naam lena hai. unhone hamare saath kia, unke bhi bache hai.* (what will get over filing a case against son, later on they'll get the property; at this age I have to take God's name , they have their own kids too, whatever they did to us, meaning bad will come to them as they did something wrong to us)

Information sharing: Some of the aged are born and brought up in Delhi while others come from others state. From mobile service centre first they ask about the company then they tried to correct it of their own then friends, later on they which service centre they should approach in the case of O. C. Kapoor whose phone was not working, so firstly their friends tried but when it didn't work then they start discussing which service centre to approach and from where they can go.

Those who have experience in one particular field come out and help when needed. One such case is Mr O. C. Kapoor who repairs T.V. and radio-cassette-recorder which some of the aged have kept as souvenir since their 1980s and 90s. They also know how to use the setup box in T.V. In nutshell health information, technology information, legal guidance etc. are shared and supported by all.

Expressed need at OAH

Generally it is easier to get medical help in Old Age Homes in comparison to the families as OAHs face these kinds of health concerns and emergency situations more frequently. In Old Age home there is a lack of First Aid Kit. If an aged person gets cut one has to either use his/her own first aid box or take it from a neighbour. In case one faints it becomes difficult to even identify, whether it is due to low BP or Diabetes or something else. Aged people are neither trained nor is Old Age home equipped to deal with such incidents. Fortunately most of the people prefer to keep medicines and equipments which could be used in case of emergency by them or their neighbours. Still the inmates feel the need to have a

doctor who can do the basic tests such as BP, diabetes, weakness associated illnesses etc. at the Old Age home. In emergency aged can avail ambulance service provided by the NDMC. But as this can be utilised only for emergency, it becomes difficult to visit hospital for basic and regular checkups and testing.

Research participants also felt the need for psychologist as individuals can't share some of the issues with other inmates or friends as they are of the same category and there is likelihood that it might proliferate. Inmates keep on guessing the 'history' of the other inmates as they feel insecure and try to hide the real story which happened with them. In this scenario they feel the need with which they can share their own stories so that they get lesser burden to live within the same environment. Need to have a counsellor to treat their anxiety and suicidal tendency, which was expressed by all the inmates.

They feel the need for a gymnasium as there is no equipment for fitness or such environment so they can exercise themselves.

Living arrangement

It seems that the women living here are mostly widows who have been chased out of their home after their husband's death. There have been instances of domestic violence where the mother had been beaten up by the son and his family. Others have come with their spouse as they have security issues or have been neglected by their children. Some belong to an extended family where the children have gone abroad leaving their parents here. There are few men who have a family at home with wife but they refuse to be with them because of a feud with them and now preferred to stay here.

Aged live in a single seater as per seniority rank, those who live with other roommates develop various problems such as insomnia, unnecessary centre of attention as they have to answer more questions related to their roommates if they get some health issues.

Clinics/hospitals

Aged members approach *Charak Palika Hospital* to which they are entitled for treatment as members of OAH. OAH does not provide vehicle service over regular check up of the aged members. In emergency cases such as in T.N Sharma's; who was admitted to private hospital after he swallowed sleeping pills. Private hospital was approached to avoid legal case of abettment to suicide. Otherwise, Mr. Kalika was suggested in Charak Palika Hospital to go for MRI tests done at Safdarjung hospital as his injuries were deep near right

eye area and whole of face and hands. This happened while coming back from Lajpat Nagar where he fell in a pothole on a dark night. Mrs. Kanak had dengue for which she was taken to *Charak Palika Hospital* in an OAH's vehicle and her local guardian daughter was also informed who then accompanied her mother.

Discussion and conclusion: After analysing all the interviews and observations in the OAH, the findings make me against the ethos of the individualist society or those who support OAH. The mental peace and consolation that grandparents are living in their own house is much more satisfactory despite the notion that they are happy in OAH, getting all the services available on the bed. However, the circumstances in lives of the aged may require them to be in a neutral institution that takes them away from their family and provides an alternative residence.

Issues raised here regarding the conditions in the OAH are about the need to have more facilities and activities that would improve the quality of life of the inmates in the Home. These include a counsellor to treat their anxiety and suicidal tendency, which was expressed by all the inmates, medical facilities atleast for first-aid, and many more collective social activities. This means that OAH is not to be viewed merely as providing space and food as the only requirements but all the associated problems of the aged also need to be taken care of.

CHAPTER V
DISCUSSION AND CONCLUSION

DISCUSSION AND CONCLUSION:

Ageing is a global phenomenon and in Indian scenario it attains many different features. As it can be realized now that aged people have some exclusive problems and some exclusively targeted solutions can only work for them. They also have some special facilities and status by virtue of their age in Indian society. However its degree can vary depending on their class, family, region, locality, status and personality of the aged him/herself.

Family and its position in advancing Age:

Family is considered to be the microcosm of interacting systems and subsystems. "Policy makers considering care of older persons have to make decisions in this context of changes in traditional family roles. Health, productivity, social participation and relationships between generations are key issues. Policy has to look what positive contribution it can make in the best interest of the family unit and all members, including seniors." (Shearer, 1999)

Family, the smallest unit of society, has the most important role to play in successful ageing. Apart from love, care and security (financial, emotional, physical) it also becomes a major reason for their lives. Taking care of grandchildren, playing with them, chatting, taking care of house when other members are out for work or tour, telling stories and all such other activities form a major part of their daily lives.

They find quite changes in their life-style and decision making process with ageing. This change of status in family coupled with the increased financial, physical and psychological dependence causes stress, lowered self-esteem and self-efficacy in aged members of the family. There is a certain 'inverted U shaped' relation between power and authority in family and the process of ageing.

It was seen in both the study sites; the significance of family, This institution plays several role; be it, the role of care giver or care receiver, maintainer of cultural ethos and values The inadequacies of this primary institution in catering their needs pushes aged individuals to opt for another formal agency to get their basic needs fulfilled. These OAHs limit to physical needs only; while most of the middle class aged coming to OAH have come seeking something more. All the aged who were in OAH, had one commonality, which is 'inadequate family'. They faced empty nest syndrome or had problems with their family members and vice-versa. Hence, fabric of family is very much linked and related to the well-being and "Place of ageing".

Several countries support the informal care to control the expense of formal care of the GDP (Timonen, 2008). Our national policy 1999 backs the families who keep aged in families through tax exemption. This is a practised phenomenon in several countries but ours is assurance provider as 2011 policy says to encourage “Ageing in place” but the measures that are bestowed and stressed upon are building institutions such as OAHs by NGOs. We need to understand the stretching gap in needs of the aged in urban space and resources available in the modernised scenario to facilitate their requirements.

One policy for the aged was under implementation (1999) and the second is in draft form (2011); but the issue which latter raises after twelve years is almost the previous one; ‘strengthening the family bonding’. This area is as complex as other societal phenomena. To achieve this goal it set a road map which failed in implementation, for example, promoting awareness among the aged in the community about the provisions for them.

The lack of recognised space for the urban middle class aged in the community is a major limitation for the quality of life of the aged. However, the provided space at OAH is neither appreciated by the inmates nor by the residents.

Strength and limitation of two places in the context ageing

Neither place is best suitable for the aged if assistive and protective measures are not provided. Understanding the complexity of aged in situation becomes prominent if we plan to ensure ageing in Place i.e. family. It was found that some of the aged enjoyed love and respect from their family members, but a majority had to adapt to the decrease in their earlier status. Some of them faced obvious disrespect or abuse. Help Age India, 2012 reports found out abuse in various forms to be around 31%, 75 percent of those who faced abuse were living with families, out of which 69 percent were the owners of family property and 24 percent of them faced abuse almost daily. This is one of the prominent reasons for their shift to a pay and stay home. However, shifting to the OAH has somewhere scratched the self image and self esteem. This issue emerged when they used different defence mechanisms to set out the anxiety and self respect, saying they “get everything in time.” “The life is comfortable here, every aged should stay at OAH”; “we get companion and secured house; we don’t need to rush for billing”; “I do not like foreign culture and junk food etc”. Such statements were endless but sorrows and pain was the same. The dried eyes, pale face, looking forward for relatives to come, living in the hope of miracles to happen, for relatives to take them to respective homes from OAH, were witnessed among these aged. The

respondent who expressed distaste for foreign culture was very fond of travelling especially abroad, once a year visit to abroad was fixed for him. The other who got rid of the long queues in the billing section, now does the outside work of other aged as he likes going out. If they get companions here; why do they rush to meet their previous friends and neighbours and have a superficial interpersonal relationship with inmates despite the closeness of space! In crux, the OAH aged do not want to reveal their pain to the outside group who press upon the same wound which has failed to recover with time.

Both relevant policy frames, of the national policies of 1999 and draft 2011 as well as the international conferences held at Vienna and Madrid, support 'ageing in place' and seek to strengthen family as an institution which cannot be replaced by any other formal institution. However, the number and rate of such institutions is high in some developed countries and it is increasing in India.

All the leading organisations supporting Active, Happy, Healthy and dignified ageing discouraged the use of formal institutions for stay in later years. Yet, if there is no strengthening of the family as an institution that can give adequate care to all its members, there is also a role for alternate institutions. What also needs to be recognised is the role of the community for those living in families, and therefore the policies need to create community level provisions for the 'aged in family'.

Legal dimensions:

Policy fails to recognise abuse, which is why the Domestic Violence Act does not cover the aged who are vulnerable though contributory and productive in the family in various ways. It does not talk about the abuse and violence took place against the aged.

Maintenance Act 2007 discusses about financial assistance and OAH for those who are 'indigent'. It does not cover violence and emotional extortion being done to them.

The approach is very much welfare and mercy oriented, the Act which directed to generate awareness among masses failed to work on ground. Integration into the community lacked to an extent that NGOs are supporting and running the OAHs. Even, the criminals are rehabilitated into the community after completion of their imprisonment. So why are the aged thrown out of community life? One of the inmates called the OAH a 'Golden Cage'; why are we putting these resourceful active aged in a 'Golden Cage'? Are they actually a burden and

dependent? This is not really so, rather replacing of their roles and our approach towards ageing is somewhere contributing.

Safety and security of the aged:

Safety, security of aged people is also a concern for government. Still, they are soft targets for criminals and their own relatives also. In spite of all the properties owned by them, upper middle class aged people are compelled to live in old age homes.

Those who live with kids in their own houses, they do feel neglected. They have to remain in parks and temples for the whole day to stay away from home. There must be some day care centres and recreation homes to avoid their difficult situations. More funds should be allocated to construct such day care centres and recreation homes, parks etc. such measures are not in current scenario in every community.

Power dynamics:

Power dynamics at OAH for residents and those who live in families at Adarsh nagar is not same. Older people at OAH exert their power, effect and respect. While, there is difference for their counterparts who live in families and prefer to exert their power differently than people in former category.

Family does not work on rule and rationale but this social institution works in a traditional way. We think of 'Matri Rin' and 'Pitri Rin'. Providers of services are only doing their duties. In traditional families, power is exerted through the instrument of seniority. But, in modern way, power exerted is largely exerted through the means of money and influence. Older person get himself or herself between crossfire.

Group dynamics are drastically changed with age. Empowerment has four elements: Access to information, Inclusion and participation, accountability and local organizational capacity. These issues require a change in National policy to accommodate older people in family with more strength and empowerment.

Engagements and well being:

Aged people living at the OAH who are actively participating in social services and some jobs outside, and who keep themselves active, are happier than those who are not

socially active. Older residents of Adarsh Nagar, are also active in social activities lead happy lives. Policy talks about integration but it lacks to identify the inter-weaving areas that would create the conditions for all aged to be socially active. The government only passes on the responsibility to voluntary organisations to provide institutional support.

Those who are living in families, they are going regularly to religious places of their choice. Those who live in OAHs, they also go to religious places, but their choices for social engagement are more restricted as compared to the older people who live with family. Bhajan mandalis are mostly female dominated groups and they do seem to enjoy it. This has its own healing process for their mental health as well as their faith.

Awareness of Government Provisions:

It was found that aged only know about the schemes or facilities of government only when they avail those. They have very less idea about the other ones and it does not matter whether they live with the families or in Old Age Home.

Interpersonal relations among aged:

Interpersonal relations are directly related to the dynamics of human behaviour. This may depend upon social, economic, political and cultural factors. In family and neighbourhood, they have to accommodate their roommates and others in old age homes. Mr. Gupta searched old age homes to get a companion. Aged generally interacts with age mates and intergenerational contacts are limited to family members only. Their interaction depends on the inter-city networks, friends who generally live in neighbourhood are connected well than those living far off. (Back, cited in Himabindu, 2002, p. 31).

Isolation, boredom and loneliness

Older people need love, care and support, which they may or may not get in family or at home. Those who feel social and emotional loneliness are more likely to develop loss of sleep, lack of interest, social withdrawal, some of them may move to suicidal tendencies. Their problems are not separate than others. There is a good scope of loneliness at the old age homes. There is much less chance to feel loneliness in family. There they also retain the option to engage with their neighbourhood, as the aged in Adarsh Nagar have formed a group of older people who together for recreational and psychological fulfilment.

Mental health is a primary concern of the society and the government. Families can be provided counselling facilities or an ambience should be developed to put thrust on the people for societal pressure. Information on the care and treatment of mentally ill people should be free of cost at primary stage.

Older people should get benefits of their environment, in which they are living. This has been found in the study that those older people who are living in their own socio-cultural environment, they feel happier than their counterparts, those who are living in OAHs. Recovery from depression is faster among those aged who are living with family and community than OAH as their social contact and interpersonal relations are very limited than the former.

One of the most common problems aged want to avoid is boredom. Many among them face boredom after they stop their professional activities either due to retirement or any other physical, social or psychological reasons. Any kind of sickness or impairment enhances this boredom many folds. In general, even in smaller cases of sickness or any physical impairment the aged person is forced to stick to bed, either by forcing family members or due to unavailability of disable friendly environment. So this also forms a part of reason why aged living with their families prefer to avoid "*Alath*" (bedridden) (Ansari,1997).

Perceptions

There is a perception among those aged persons living with their families that who stay at homes, they are maladjusted person and problematic in their behaviour in terms of giving respect and freedom to the daughter in laws and other family members in fulfilling aspirations of life Those persons, who are living at OAH, they have their own limitations and problems. They face problems in dealing with psychological thoughts, behavioural problems of other inmates and attitudinal problems of society if they become vocal of their rights and share in the society.

As a general perception it was found that the aged people feel that there is an increasing level of intolerance in the younger generation. The basis for this perception was not properly clear but some of them believed splitting up of joint family system and rising individualism is the reason of lack of tolerance in their children

There is no denial of existence of support to the family in direct and indirect manners. These activities may be evaluative or non evaluative but exists in most of the families where aged live.

Death anxiety v/s *Alath* form of disability

A person in OAH used to wake up many a times during night to check whether people near to them are alive or not. During this study itself it was discovered that many of other aged people passed away within few days, including his neighbours and friends. These instances raise the insecurity and death anxiety of the aged in Old Age Homes.

It was found that generally aged people living in OAH are not much worried about any kind of ailment, disability or diseases. They face more of death anxiety and this whole phenomenon got inversed in case of aged living with family.

Now the question arises what brings the death anxiety and not the fear of chronic ailment that much in aged living in OAH. There are three major actors in creating that fear. First is Family and Society. These aged people are usually detached with their families and society and the emotional thread which was so strong in case of aged living with families is very weak if not absent. Ego issues, lack of respect, psychological burden, generational gap and adjustment incompatibility had compelled them to stay in OAH and not lack of money or facilities. Their detachment with families does not motivate them to stay completely healthy or without any chronic ailment which would cause trouble for and be a burden on other family members, which is the most important reason why aged living with families avoid disability and diseases. They face distress in the family because of two reasons; one is the psychological which they face, the other one is the family which provides care and services to the aged person by leaving out working days for his/her treatment. The distress heightens when their dependency on other family members gets stretched for long due to ailment. They dislike being a burden on their close relatives for the long term.

Second actor is the aged person him/herself. In case of OAH majority of them enjoy pension security and similarly other health care services. Many among them have worked in ministry or high ranking posts in military, banks or other public and private sector enterprises. They themselves are very much aware of how to get the best possible facilities and services in case of any health issues without spending much (or any) amount of money from their pocket. It creates a sense of security regarding any chronic ailment or health

problems. But this certainly is not true in case of death anxiety. Death would be the end of their individual self and existence and as they have abandoned their families there would (emotionally) be no one to carry forward their legacy and identity. This mentality forces them to think about death and surely this would not bring any positive attitude among them towards life.

Third important factor is Old Age Homes itself. In Indian culture there was a tradition of “Sanyaas Ashram” in which a person after the age of 75 had to spend rest of his/her life in woods away from family. This notion of going away from family and “wait for death” comes alive when they enter in an OAH. If they are not motivated and occupied enough to actively enjoy their lives they feel the same way. In our general psyche Old Age Homes are meant for the last phase of life and it represents not a start of new and excited life and even in a good way they merely are symbol of how to spend life in a better way “until their death.” This attitude and other myths attached to OAH in society fail to detach death from it and it resides close to the heart of aged living there. This is not in the case of families because there is a continuity of life and relations. Retirement may change the scenario but still it is not that a big shift as joining an OAH.

Further in case of Old Age Homes an aged person gets attached to other inmates and generates emotional bonding with them. When (s)he watches other peers and newly made family members to die (and there is a higher probability of such in case of OAH than in families) a sense of insecurity catches him/her. Continuous occurrences of such events don't let them forget what may lie ahead and this brings death anxiety in them.

Now opposite to this, why ageds living in families are more scared of falling ill or being impaired? One reason that could be taken out is homes are not disabled friendly. Any kind of sickness or impairment puts them on bed and it becomes difficult for them to carry out any of their work which in any better situation could have been done by them even if with some difficulties. While in case of OAHs even though they are not completely disabled friendly but still are more suited for any visually/ hearing/mentally or orthopedically impaired person happened in OAH or any other person with health issues, at least because they face these situations more often.

Another reason is related to money. Majority of aged people living in families (in Adarsh Nagar) are concerned about money. As they avoid spending money in costly hospitals and prefer to visit any nearby doctor, clinic or even medical shops in case of any sickness.

They also dislike periodic and time consuming visits of government hospitals. And any trip to a private hospital would cost them more. It has been observed that aged people tend to save more, spend and save from their pensions and not to use their accumulated wealth. This tendency enhances the individual characteristic of few to save money and intrinsic nature of some to save money on health issues unless in emergency. Further there is a widespread thinking in general society that aged people lose their higher status, respect and identity if there is a decline in their wealth and slowly it may add up to disrespect, neglect and even abandoning by their children or other family members. In absence of any safety net when health is being highly commercialised this becomes a big reason to be worried about any sickness or impairment. On the other side money is also a concern in case of aged in OAH but as they have a detachment with other family members saving money for others or being worried about lack of respect with decreasing money is not their concern. They prefer to spend money on themselves and give healthcare the topmost priority even if it is costly and so are not worried by such cases.

It was visible that aged who have physical disability have been able to perform well the activities of daily living with less psychological conflict despite their physical barriers through the use of compensatory mechanisms like in one case where Mrs. Roshini (Adarsh Nagar) had locomotive problems. To deal with it she moves slowly accompanied by group of women and sits in park; even if she stays at home her grandchildren sit around her. Her daughter in law serves the food on her bed, she comfortably cuts the vegetables regularly. on the other hand

One more and certainly one of the most important reasons is psychological. An unhealthy or an impaired aged person in family affects everyone in it. This realisation and their feelings for not being a 'burden' on other family members make them concerned about their health issues. As in families higher priorities are given to the education of children, marriage and career of young ones health issues of aged comes later. In case of any chronic ailment or impairment after initial care and hospitality as it becomes daily routine, either relatives feel annoyed or aged person gets depression as being a burden on others. This notion of not being an obstruction and unnecessary and unproductive activity for others gave them anxiety about not being able to perform their own work and not about death. A general response from people was "*Jab tak hain, theek thak chalte firte rahen*" (Hoping to mobile till we are alive).

This fear of sickness and impairment clubbed with few other factors result into an interesting attitude among aged people living with families. They neglect earlier signs of impairment and try to bear even bigger health problems and pain. There is a common tendency in society, in families and even among doctors to put any health issue under the ambit of age advancement. In case of some problems in hearing or eyes, joint pains, body pain or other issues regarding digestion, respiration, tiredness or memory etc. aged people are at first told that it comes with their age and it's very normal and then only any attempt to tackle the issues are taken (Timonen,2008). This might be biologically correct in some sense but certainly affect the person psychologically. Any health problem which would have created a chaos in family if happened to a child or young person is at first glance neglected. Even the doctor after treatment says that it's a part of natural process. (ibid)

Combining both the issues that is, psychological fear of getting sick along with treating it as a routine thing, mind of the aged people either bears the pain, try to neglect any symptom and also try not to disclose it to anybody.

This was a conspicuous observation in two field studies demonstrating that aged who have physical disability have been able to perform well in their daily activities, with less Psychological conflict despite their physical barriers through the use of compensatory mechanism. Like in one case where Mrs. Roshini respondent of Adarsh Nagar had locomotive problem to deal with it she moves slowly accompanied by group of women and sit in park; even if she stays at home her grandchildren sit around her. Her daughter in law serves the food on her bed, she comfortably cuts the vegetables regularly on the other hand some of the aged of OAH get the food in their rooms because of their difficulty in walking or illness in such cases they sit and watch T.V. and do all the activities except walking. Visual difficulty is handled by clinical operations and use of spectacles and if in case these mechanisms fail to bring back vision the helpless manage to do their day today activities with it. Mrs. Kaur is an example of such case. She is worried about her fate, as she lives alone and is losing her vision rapidly.

In such few cases aged even after some kind of disability were found to be active in their daily life. Even after difficulty in mobility or vision they are very helpful and at times the most important person engaged in domestic work. Extension of this in general to the social life would confirm the fact that neither age nor any kind of disability may stop the

determination to work; and active participation for the betterment of society is very much possible (and essential) by the aged people.

Conditions at two places:

It was found that few aged people do not consider their life after retirement (or crossing the age of 60 years) as a new one but merely an extension of the older one. These kind of aged people depending on their lifelong activities and experiences either celebrate or his period. People with positive attitude might engage themselves in either some constructive work, peaceful exercises, spending time with families and friends or in learning some new things. While on the other hand, a few people might still be haunted by their past memories but even after continuous suffering due to it, catharsis and after advices of several people to move on; they stick to those and recast those curses on themselves. While the people in the family based community despite their not so good conditions, after accepting the reality relatively feel better and enjoy a better ageing. Their family and social relations relishes and rejuvenate their stagnant thought process.

On the contrary a few people consider their grey lives as an entirely new one. They tend to go for the activities and learning of an extremely different area, be it spirituality, religion, social work, domestic work or any financial activity. They might prefer any such area in which they earlier had interest but lacked free time. Or they were also found to generate fresh interests.

Activities of the aged:

It was observed that responsibilities are shared in the family if there is some kind of emotional and physical dependency in the family. Whereas all the work is taken care by the aged himself and the local guardian are asked to visit during emergencies.

Issues of passing time, boredom and inability to engage in proper activities for adequate time are the major concerns for the aged who have very less financial, familial or personal problems. Looking for some small tasks which they can perform, watching TV, chatting, prayer etc. are the activities in which such aged people often engage.

In addition to the confirmation of their ability to actively participate, it was found that independence (of performing their routine work, pursuing their favourite activities and most importantly taking decisions for their lives) is an essential ingredient of this willingness and

positive attitude. Along with respect, love and care, private space is also an important element of successful ageing.

Channelization of the resources:

There are some important issues that need to be dealt with Non-familiarity at the new geographical location. There is a dire need to focus on aged friendly environment. Similarly housing pattern should be studied to assess their location problems and accordingly guidelines should be set for Municipal Corporations and other civic bodies so that mere location of the aged can't prevent their proper functioning, inclusion and active participation in society. Also adult population should be told about importance of location for aged and how they should make sure that there is no exclusion for them.

There needs to be a proper guideline and information about the various services available. Emergency needs such as doctors, prescriptions for various diseases, home remedies and first aid information needs to be more circulated among the inmates. Simple information like distance from the nearby temples, route they need to take, bus they need to take.

Spirituality

Spiritual health is a dimension of health combined with psychology and sociology. Uniting with "Brahma" or "Parmatma" is the ultimate goal of a person. Indian Culture believes in 4 types of Purusharthas. Dharma, Artha, Kama and "Moksha" are essential duties of every human being. And for achieving this ultimate state of 'salvation' 4 stages of normal life (Brahmacharya, Grihastha, Vanprasth and Sanyas) are provided. The 1st three stages can be used for performing other duties but the ultimate goal would be attained in the phase of Sanyas that is Old Age. Those who are free from all bondages want to achieve it and spirituality is the medium. It is important to realize that these are the requirements of the aged people and for that centre for Yoga and meditation must be provided. It should be incorporated in the policy and different community centers, parks and day care centers should be equipped with these facilities and proper training and support arrangements.

Recreational resources:

Role of associations, parks, family celebrations and outing are found to be crucial for the aged living in Adarsh Nagar. These are not just an occasion for social interaction and

enjoyment but also aged get more than normal respect, affection, love and care in these situations. They can interact with others, participate in it and at times play a crucial role of manager, guide or rule maker. In this their age is not an obstacle and burden but a facilitator to impose their identity.

Crossing 60 does not imply dependency as what was seen in the HAWA and OAH; even age spending time at park and neighbourhood are active want to engage themselves. Situation becomes worse for the Aged who are conditioned to live ideally after retirement. This is the major issues arising in the family where everyone is working and social contacts decline. Those who devoted their time in occupation later face problem in finding friends in the absence of recreational platform in the urbanised colony.

Stigma:

Unfortunately aged living in OAH has similar kind of requirements but they greatly lack in it. As most of them are either cut off from their families or have complicated relationship with their relatives it is difficult for them to get engaged in such family functions so promptly and effectively. Even if they attend, they fail to get proper respect and attention is given only in the wrong sense. They are seen as either a victim or responsible for their own sufferings. It is interesting to note that to escape from such awkward situations, safeguard their family status in the society, maintain present and potential (future) relationships; many aged do not inform even their very close relatives (even son) that they are living in an Old Age Home.

Awareness:

It is unreasonable to talk about empowerment or Human Resource utilisation in case of old age people when they are not even aware of the most basic things related to them. This is also a responsibility of media (print and television) to not only make them aware of health and recreational institutions in general but also to inform aged people about their nearest facility, services provided, fees, procedure, schemes, pros and cons, experiences of other persons and how to know more about these. 2007 Act talks about information dissemination and awareness generation in a large scale and with focused approach but it surely seems lacking in this regard. It is duty of NGOs, related organisations working for elderly, local governments and social workers to tell them about these things in simplest possible ways.

Policy in the context of study areas:

Both policies clearly stated upon family as a first and foremost institution for the Aged. All the services and needs are recognised, assumed and assured to be delivered through “NGOs” and for this they stressed upon the Govt. organisations to fund and collaborate with voluntary organisations.

Welfare: 1999 policy says that old age home will be constructed considering the class of people it will serve and also directed to deploy trained staff but at OAH, staff were unprofessional in nature always keen on knowing the under carpet story, Which irritated most of the inmates. Mrs. Supreet kaur said they pass taunt using others name, looked at us with “*thrown parents*” which humiliated and forced her to say that not just society but also the staff stigmatise inmates.

The other promise it made to bring, the strengthening community group and associations to meet the neighbourhood requirements of the Aged. However, HAWA was estd. at Adarsh Nagar, In the year 2007 but since then it is observed that after completing all the documents and initiatives required to get the place for aged in the community, which failed to ensure them a piece of land to carry on constructive activities not only for the betterment of the aged strata but also for the disadvantaged section.

Shelter: It ensures the construction bodies to lay plans and facilitating housing at the priority of providing ground floor to Aged and any construction made to 3rd and 4th floor should have lift to ensure connectivity, which restrain their movement to social contacts to other services. This was evident in the case of Madhubala, Supreet Kaur who preferred to stay in a limited place as both have arthritis and weakness issue. It limited their contact as compared to other aged of same group.

Education: This not only covers children by including course into curricula rather it seeks to start a joint venture to link schools with Old Age Homes to dispel stigma, myths and stereotypes; but the next issue it raises is to develop a manual and kit to generate awareness through Media; Which could not happen much as long discussions and interviews with diverse section of aged failed to throw some light on it.

Security: Aged persons are considered to be weak, frail, senile, and disadvantaged. They can be the soft target to various forms of vulnerabilities. National Crime Records Bureau and help Age India show the increasing rate of abuse being done to aged; specially,

those living in an urban space with few members at home or sometimes none. This raised alarm to provide security to its citizens; the initiative brought in the city in the year 2004. Two couple respondents were found to be registered in the senior citizen cell of Delhi Police Adarsh Nagar. While some aged opting to Old Age Home due to security issue loses its quintessence. It kept on raising single issue “why?” why shifting to OAH for a financially and physically secured Aged? This issue cannot be answered in a sentence or understood clearly without mapping out the whole interacting environment and forces. How broken, dysfunctional, ruptured and shaky family system compelling aged to find new space in old life; how can it be kept intact despite the powerful forces of economic relations garnished with changing societal norms and values need to be studied and implemented.

International bodies making effort by bringing out agendas and support to member countries in order to bring social development at high. But the ethos of human development and social development are subsided by the power of economic development; which we could clearly see, the interest of the nation to please their children and not parents. As they are the vote banks, they are the productive citizens of India, rest aged are dependent, though above 90% are in the unorganised sector who continue to work till their capacity to accommodate under financial gain. This dual National approach undoubtedly is ambiguous and half hearted in Nature. Data represented in the web portal of ministry of social justice and empowerment shows the budget allocated for the aged and None spent or very minimal. Macro economics and politics has direct relation with the family and individual as unit and sub unit respectively Policy directs that it will do all possible measures to integrate in the community, “promote ageing in place” and well being.

One thing noted here, psycho- social aspect has a major role to play in the well-being of the aged but draft loses its priority in dealing with psycho- social issue culminating out of gaps in each sphere whether it be housing, health, legal relief, financial insecurity, less of alternative for the engagement, constructive work with the less of burden on aged.

Crossing 60 does not imply dependency as what was seen in the HAWA and OAH; even age spending time at park and neighbourhood are active want to engage themselves. Situation becomes worse for the Aged who are conditioned to live ideally after retirement. This is the major issue arising in the family where everyone is working and social contacts get decline. Those who devoted their time in occupation later face problem in finding friends in the absence of recreational platform in the urbanised colony.

Indian society is interwoven with relationships. We are required to strengthen it. This can't be rationalized or institutionalized.

Health, education, nutrition and recreation play important role in life of older persons whether they are living at Adarsh Nagar or at OAH. Residents of Adarsh Nagar and inmates of Old Age home may have their weaknesses and strengths, but the most important thing is to insure their overall welfare, care and progress. These things can only be achieved if people living with their families can get more space in family and society and lead to better life with coping mechanisms provided by government schemes, policy, NGOs, neighbourhood, RWAs and other stakeholders.

There should be stress from the entire sector (Inter-sectoral approach) in policy to cover the breakages which build the way to OAH. Old Age Homes are not the substitutes of the families. They are alternatives if family cannot cope up with their needs and vice versa. In either situation at two locations, they are happiest when they feel they are meaningfully engaged.



Do we see what they see??

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GLOSSARY

BP: Blood Pressure

BPL: Below Poverty Line

CGHS: Central Government Health Scheme

CP: Connaught Place

DU: Delhi University

ECG: Electrocardiography

ESI: Employees' State Insurance

HAWA: Help Age Welfare Association

IIT: Indian Institute Technology

KM: Kilometer

MCD: Municipal Corporation of Delhi

MLA: Member of Legislative Assembly

MNC: Multi National Company

MTNL: Mahanagar Telecom Nigam Limited

NCR: National Capital Region

NDMC: New Delhi Municipal Council

OAH: Old Age Home

PGT: Post Graduate Teacher

SBI: State Bank of India

VRS: Voluntary Retirement Scheme

ANNEXURE (CASE STUDIES)

AGED PEOPLE LIVING WITH FAMILIES

CASE 1:

Name: Madhubala

Age: 84yrs

Status: widow

Family: Daughters-3 (now 2), Son-2

Living with- elder Son aged 58, Daughter in Law (58 years on paper)(both working), Grandson (working), Granddaughter (married).

Occupation (Earlier): Housewife

Home: 2BHK, 450 sq ft flat (2nd floor) two rooms house in which she sleeps in the entrance room.

Earlier life: In her younger times she lived in a joint family. As both son and daughter in law were working, she used to take her grandchildren to school which is more than a km away and also used to go school again to keep hot lunch and bring them back (3 times up and down). She used to help in cooking food in morning. She used to do much of household work except cooking in evening. Her daughter in law says; "I was able to do outside work because of her."

Activities: She wakes up by 6 am and looks for simple things as all other family members leave by 7 to 8 am and come back in the evening. Due to her blurred vision she can't do much of housework now but she still washes some small clothes, cuts vegetables, and arranges room and bed. She supervises maid's work and coordinates small routine works. Daily she recites prayers, Guru-mantra or name of lord Ram. She also visits her other relatives in Rohini which is more than 10 KM away, time to time, for 7 to 10 days. She usually doesn't attend ceremonies except that of very close relatives. Her son takes her to these places in a two wheeler. She can use landline (mobiles not now).

Family and Social involvement: Other than visiting and inviting in the functions, relatives also consult her at times about exchanges of finances and gifts amongst them. In her words, “My son is Shravan Kumar.” There are no issues of contention between her and her daughter in law. Her daughter in law is a primary school teacher at Paharganj area. She has been working since 1980 in that private school. Daughter in law says “I could work because of her support otherwise it would have been impossible to work with the two toddlers. My children were under the guardianship of her only”. Her daughter in law used to attend Jagaran, Chowki, Prabhat Feri etc. but discontinued for a year. She says “I do prayer for about an hour because of my mother in law’s support in household activities.” She knows where the things are kept. We have kept first aid material, her needful medicines of dehydration etc.

Health: She has lost left eye’s sight completely and right eye vision is blurred. She has BP problem as well. She can walk, up and down stairs and do general work even without a clear vision. She has first-aid kit at her home so whenever she needs it she takes medicines from the kit kept by the daughter in law at a particular place. She had fever, was not recovering soon so she approached nearby clinic. After feeling better she went to hospital; she uses ESI facility. She usually feels tiredness and boredom as she is not used to sitting idle. She keeps on doing household chores though maid comes to clean the house.

Views and awareness: She knows about ESI facility, gets Old Age Pension Rs. 1500pm under MLA quota for past five years. Earlier she got Rs.1000 under MLA quota for seven years. She knows about the concessions in Railways but is unaware of Senior Citizen cell of Delhi Police. She doesn’t want to live in any old age home, as it is beyond her imagination even after researcher’s briefing about the OLD AGE HOME she didn’t find it a suitable alternative. She said “my children will also not let me stay there”. She doesn’t open the door at all unless she recognises the voice.

CASE 2:

Name: Mr. Bed Prakash and Mrs. Kamla Garg (61 and 66 years)

Family: Elder son and his family live in the first floor. They stay with younger son and his family at ground floor.

Earlier life and occupation: They are in Delhi since 1980s. Mr. Gupta has been working in a fair price shop (FPS) since 1984. He also worked in a garment shop in CP from 1980 to 1984;

they had few buffaloes and tried dairy business as well till 1993. Mrs. Gupta had been a house wife.

Activities: He can't sit idle at home and wants to work till he is 72-73. His shop is in Seelampur which is far from his house. He takes bus using senior citizen bus pass to reach at Seelampur. Her wife goes to the temple, attends Yoga sessions there. Both husband and wife prefer outings and with Keertan Mandali. They have gone to different places of pilgrimage in Uttarakhand, Mathura etc. They have also toured Goa and Hyderabad. Mrs. Kamla contributes in cooking. Sometimes she cooks when her daughter in law is not well. Household chores are cordially managed by both female members together. All major family decisions are taken by Mr. Bed prakash.

Family and Social Involvement: He and his wife visit friends and relatives and attend functions. He has made some friends who walk daily in the park. If in case somebody does not show up for 2 days, they visit him. Business decisions at home are taken by sons but in other family matters he has authority to decide. Temple and keertan mandali work as an informal institution for recreational activities, group meetings, outings and tours. Both have social involvement as per their need. This keeps them engaged as they themselves expressed they cannot spend whole day sitting in their room. In evening both came out to meet their own group circle.

Health: Both have BP problem. Also wife suffers from asthma. They prefer nearby clinics, where behaviour of doctors is kind and friendly, over the more famous and better equipped hospitals. They are healthy and so don't need to visit hospitals regularly except in emergency situations, such as when they had dengue.

Views and awareness: According to him they don't need pensions as they are self-sufficient and needy people should have it. He has heard about the Welfare and maintenance of parents and senior citizens Act 2007 but doesn't care about it. According to him every family has some fights but it does not bring it on the verge of breaking. All may have some flaws but they should adjust. Joining old age home is not an option for him. He says "people who leave homes are spoiled ones." As per his opinion in Old age homes he can't get regular fruits, proper food and care. He is happy to be at home. Mrs. Garg does know about the facilities provided by the govt. through the bhajan mandali. In spite of awareness about the government services she prefers to approach private hospitals for treatment.

CASE 3:

Name: Mrs. Sita Devi

Age: 80 years

Family: Two daughters Elder one resides at Rohini and the younger one lives at Jahangir Puri. Husband died 22 years ago due to heart attack and he was working in the town hall in Chandni Chowk as a government employee. The then, MLA Mangat Ram Singhal assured her a pension and she started getting it without running pillar to post. The other pension which she gets is from the deceased government employee pension which is 6000 a month. Total she gets Rs. 7500. Elder Son-in law has small confectionary business in Rohini, younger son in law has a Parchun (provision) shop in Jahangir Puri.

Occupation: While her daughters were studying in school, she ran a crèche in her home, taking care of young children when their mothers went out for job. According to her it was a difficult task, managing six seven children at a time.

Home: She is living alone in a rented house at Adarsh Nagar which costs around 5000 Rs. per month.

Earlier Life: After her husband's death she worked as a baby sitter and maid in Model Town. The room was given by the household who kept her as maid, which she later on used for running the crèche as the pension amount didn't suffice the daily requirements of the single parent family. Her daughters also helped her mother when they were little. She supported her two daughters to study till graduation from correspondence mode of education after completing regular intermediate education from a government school at Model Town.

Activities: As she lives alone in a rented house, she herself cooks her food and takes care of the necessary and routine works. She buys ration from the market and goes to her house by rickshaw. She visits the park everyday and spends hours sitting and meeting different aged females of the community. Worshipping in the temple is a must for her in the morning; she does not eat anything prior to it.

Family and Social involvement: She attends all kinds of religious ceremonies (Satsang) in nearby places and temples. Her daughters call up daily and listen about her health and general

routine. They call up at bed time regularly. In case of any emergency they visit her immediately. When asked why can't she stay with the daughters, she replied "*Betiyon ke ghar ka hum paani nahi peete aap rehne ki baat kar rahi ho*" (we do not drink water at daughters' house, you are asking us to stay!). Earlier, when the researcher approached the woman she wanted to share the pain which was coming out from her heart as she said "*Saanse kaatni muskil ho jaati hain , akelapan katne ko daudta hain*" (It is difficult to pass the time, loneliness is nightmarish); But on another day when the woman was sitting in the park she expressed a different view about life which shows how the aged consoles themselves without other support. She said "*Jindagi ko ache se jeena chahiye, waise bhi humne apne sharir ko sharir nahi samjha, ab toh kuch din bache hain logo se has –mil kar baat kaar ke , pooja – path kar ke bitaya jaaye.*" ("This response could also be because of the environment that could have affected her as she was in the vibrant place where loud music, playing of children, families, adults get together, selling of balloons and toys for children was taking place. When asked whether she would like to stay in OAH as she cooks food at this age; first she asked to describe little about it. As she didn't know much, all she knew was the aged living at Vrindavan. After learning about it she replied "*I can't leave the place as all my contacts will go away, I will feel lonely and depressed. I can't even imagine leaving the area where I have spent years. Why go to an alien place? I am not in such need. I have my friends and Mandali with whom I somehow pass my days*"

Health: She suffers from knee joint pain while her daughters were studying, high blood pressure and weakness. She approaches the nearby clinic and Hindu Rao hospital when she feels the need. To go to the hospital she takes the auto and does it alone as the nursing staff and doctors know her closely. She does not find herself in problem in accessing medicines or in consulting in the Hospital. She has been given personal contact nos. of Doctors in case of emergency by the doctors themselves. In month of December she was suffering from dengue and was hospitalised in the Hindu Rao hospital; where few relatives and daughters came to see her but during day time only. She keeps First aid material at home.

Views and Awareness: She gets Rs.6000 and Rs.1500 as Old Age pensions. Despite being single, living in Old Age Home is beyond her imagination.

CASE 4:

Name: Indrani Devi

Age: 80 years

Status: Widow

Family: Her husband died a year ago. 2 Sons (58 and 54 years old) and 4 daughters (60, 56, 52, 50 years old), Earlier she lived in a joint family but then the elder brother bought a house in Adarsh nagar and shifted there; the aged preferred to live in the older house with the younger son in Bungalow Road, Adarsh Nagar.

Activities: Her daughter in law serves her promptly so she does almost no housework. She talks to her relatives, worships God and visits nearby homes. As her son's family go for outings she overlooks the house and monitors regular household work.

Social involvement: She visits nearby relatives from time to time and attends functions depending on her mood. She does not take food or water in her daughters' homes and follow this tradition strictly. She goes to the temple and park regularly, which is her major engagement.

Health: She has been suffering from heart problems for 22 years. She also has knee joint problems, eczema and urinary problems. She does not prefer hospitals as they are very costly and force patients to visit many a times. She goes there as a last resort. Even when some people in the family were suffering from dengue, they took a big risk and chose naturopathy. Just for blood tests she used to visit nearby clinics. Her daughter in law knows Reiki which is also practiced in the family.

Views and awareness: Her financial situation is sound and she financially assists her sons. She does not want to avail any government pension scheme as she gets interest of the deposited amount in the bank. She does not want to join any old age home and wants to die at home peacefully. She is unwilling to go to any hospital. She enjoys elderly life and was showing signs of happiness and laughter while answering the questions.

CASE 5:

Name: Mrs. Roshni (75yrs) and Mr. Amandeep Singh (80yrs)

Family: A son and daughter in law,

A grandson (17yrs) and a granddaughter (16yrs)

Earlier Occupation: Husband had a job in informal sector and she was a housewife

Home: They live in their own house on the ground floor. Their son, daughter in law and grandchildren live on the first floor.

Activities: She wakes up at 6 am and does Yoga with her husband. They both also take 2-3 rounds of nearby park. She spends her time talking to relatives, telling stories and chatting with grandchildren. Bhajan is an integral part of her daily schedule. They are building a new house nearby so she visits there regularly to overlook the work. Her husband helps the son in physically and financially running the provision store which they own in Jahangirpuri.

Family and Social Involvement: As she can't go upstairs others come and meet her. Her daughter in law does the cleaning in the morning and prepares food time to time. Relatives living in the neighbourhood, visit her almost daily. She only visits others on special occasions and usually avoids it. Grandchildren are enthusiastic about meeting and talking to their grandparents. She finds her daughter in law very good.

Health: Lady suffers from Blood pressure, Diabetes, Knee and bone problems. She can walk only on even surfaces. She has also been suffering from liver problem for 10 years. She only takes boiled vegetables. Her food is prepared separately by her daughter in law. She had also suffered from fever for more than 8 months which was further worsened by the winter. During this time her grandson took her to the hospital and literally carried her at times. Doctor takes lesser fees and provides extra care to her as she is an old and regular patient.

Views and Awareness: She and her husband both take MLA old age Pension (total Rs. 3000). She knows nothing about any law related to elderly people. On asking "if she ever joins any Old Age Home", she was taken aback. She told the researcher not to use 'this word' in the evening time. She treated it as a taboo and sinful thing which she would never join.

Needs fulfilment: As conveyed by her she does not feel bored at home mainly because she has people to talk to. She is involved in general overlooking and keep in touch with the relatives. She feels as she gets proper food timely, she does not need to join any Old Age Home. Living with a caring family and having some amount of financial security gives her confidence and reason to enjoy old age.

CASE 6:

Name: Ramnarayan Aggarwal

Age: 60 years 5 months

Family: Wife (58yrs), a son, daughter in law and grandson, two daughters one married off long back who is 32 now, the other daughter (27yrs, physically challenged)

Education and background: Graduate, came from Haryana in 1976

Earlier life and occupation: He worked in MTNL for 38 years as a gazetted officer. His wife was also a telephone operator in MTNL. His daughter got polio when she went to her grandmother's village for some time. Due to this issue there was an unofficial adjustment for about 5 years in the office that his wife worked in morning and noon while he worked in the later part of the day. His wife taught children but he still regrets for not giving proper attention to their education. His daughter studied till 12th. In his opinion she is beautiful but due to inadequate attention to exercise and diet she is overweight. Now they are focusing on yoga. Due to her problem they could not go for tours or outings. He also regrets being too strict to his son who didn't dare to face his father when young. Later he tried to change the situation but still his son is not that free with him. He also used to play cards with friends at home and was a smoker. He feels there was lack of guidance to their children.

Activities: As he has just retired he is trying hard to adjust to the new situation. Her wife is still working so he usually gets bored. He tries to help in housework or in kitchen but his wife and daughter in law don't allow it. They say men are not supposed to work in the kitchen. So such traditional thoughts stop him from utilizing his time. Similarly he has intentions to work for betterment of society but he is unaware how to do it. He doesn't have financial or time constraint but he does not know how to start and proceed for social service. He does not have any complaints with his family members.

Social and family involvement: He doesn't interfere in smaller decisions of financial matters, shopping or day to day work but in bigger decisions he has a big say. His main concern is his daughter's health and future. He also says "Only after retirement, one realizes the importance of a social circle."

Health: He has cardiac and lower back problems. As he used to smoke and drink a lot now he is trying to avoid, as they initiates coughing. He prefers Ayurvedic medicines. He knows about medical facilities, uses CGHS. He prefers private doctors who can visit home. As his daughter is getting more and more weight, carrying her to hospitals is also an issue of concern for him. He was a little careless about dietary habits of his family members. He

didn't stop his daughter from eating fast foods, thinking she would feel bad. Now he is trying to change it.

Views and awareness: He has some idea of facilities and legal provisions to help the elderly. He doesn't support dowry and wants to spend some time for social service. He says "people go to Old Age Homes only when their self-respect is hurt." He feels elder people should not interfere in smaller things and adjust with the time and situations. He says, "*Ek old person khane ya paise ka nahi balki pyaar ka bhokha hota hai.*" According to him best thing about retirement is a tension free life.

CASE 7:

Name: MR. O. P Sood

Age: 87 years

Status: Married. Wife 79 years.

Family: Son and daughter in law. Live with them. He has a married granddaughter and a working grandson. Son is a property dealer and daughter in law is a school teacher.

Home: They earlier had a bigger house which was sold to invest in their son's business. Then they bought a flat on the first floor. It is a problem as his wife can't use the stairs. In this new house they have got a corner and small room.

Earlier life and occupation: He was a Gazetted officer in the Ministry of Home Affairs for 48 years. He has done his graduation. They are basically from Uttarakhand but due to job they came to Delhi and stayed here. He retired in 1985.

Activities: He doesn't have much interest in Bhajan-Keertan. He wakes up at 4 am. After his breakfast about 9 am, he goes to the park and sits there till 1 pm. After lunch, some rest and watching TV he goes back to the park about 6 pm for 2 more hours. He rarely goes for any other kind of outing.

Family and social involvement: He prefers to talk to only educated persons. He does not like her wife and spends less time with her as she is illiterate, not punctual of time. He doesn't like talking to her as well. But he likes his daughter in law as she is educated. Both husband and wife don't go together anywhere. They only visit if other family members accompany them. When his wife was hospitalized for a week due to dengue he visited her

very few times. Usually in daytime some relative stayed and for night they had a maid. His wife worships and is into Bhajans; she has serious joint pain problem, which she avoids by not going out. She also prepares food and sometimes with the help of her daughter in law. He doesn't want their son to feel any problem due to him. He has keen interest in politics and watches the news on the television. He doesn't interfere in others' debates if he feels they are not talking sensibly or it's opposite to what he thinks. He has very few friends.

Health: He has knee joint, hearing and eyesight problems. He walks very slowly using a stick. His wife suffers from asthma and BP. She can't walk upstairs. Nobody takes initiative for medical check-up. He avoids going to the hospital because of many difficulties he faces there; he has to go hither and thither in the hospital.

Views and awareness: He gets Rs 40000 pension per month. He uses CGHS facility and has just heard about Welfare and maintenance of parents and senior citizen Act 2007. He has no idea of day care centre for the Aged. He had put money in fixed deposit in his son's and grandson's name, but didn't tell them about it. He said, "*Old age homes mein rahne wale aawara hote hain.*" He says, "*Agar ghar Mein khushi nahi mil sakti to kahin nahi milegi.*" He also questions other elderly people, "did they take care of their parents when needed?". He asks to adjust based on the conditions. **CASE 8:**

Name: Ram Lal Khemka and Renu Khemka (82 and 74 respectively)

Age: 82

Status: Married

Education: Matriculation

Occupation: He worked in Khari Bawli and Connaught Place areas daily wage accountant from 1950 to 2010.

Family: Two daughters living in Yamuna Vihar and Pitampura. One son was murdered in 1994 because of his flourishing business. The daughter in law had a six months old son; she was married by her parents with their approval.

Earlier life: Mr. Khemka had a life full of struggle since he was born in Delhi in 1935. He had a joint family living in a house on rent. Everyone struggled to meet basic needs. Mr. Khemka got his education from a govt. school of Delhi. After which he used to sit on the

spices shop run by the family, he carried loads also to get some extra amount. It was very difficult to manage a large family in small space; situation got worse during rains, the rented room in a congested place had its own limitation.

He was on rent for 35 years in a muddy place of khaari bawri area from 1935 to 1970. Then he changed his places to Kamla Nagar, Shakti Nagar, Shalimar Bagh till 1995; “son was murdered for the flourishing business he established” said the father. He himself had a heart attack because of it. Whole family got shifted to Adarsh Nagar. Till then, he was skilled in managing the accounts of the shop owners. He got heart attack again in 2010 and then he left the Daily wage work of accountant.

Activity: They worship daily for two hours; yoga is also in their routine since 1950, they have a strict routine which they follow, he has never missed voting, he attends functions only when he finds it compulsory.

Life in community: Mr. and Mrs. Khemka kept on talking about their neighbourhood. He feels it to be his strength. He says that “*Hamare neighbours bahut achche hai, hamesha haal chaal puchte rehte hai, zarurat par aa jaate hai.*” He and his wife feel loneliness but they have their family and clan in the community with whom they are in contact through their visits or telephonically. They have maintained relations with the relatives. But they do not prefer to take any kind of favours rather they gift them on different occasions. They sit outside the house to engage themselves in the evening, neighbours sit and chat. They get special items, cooked on different occasions by the neighbours. These neighbours majority of whom, are young help them keep out the depressing thoughts, exclusion and loneliness. In their interview it was a major share of the neighbourhood they discussed; as once Mr. Khemka had heart attack and he was taken to hospital by the neighbour. Whenever any kind of emergency took place; his neighbours came forward to help them out. Mrs. Khemka does buying of needful materials from the shop with the fulltime domestic help (hired through a placement agency). They gave Rs. 30,000 as a non refundable amount to the agency and monthly payment of 5000. The domestic help is for 11 months on paper, they have to again renew it. She has been a great help to them, their locomotive activities are not that much active. Some or the other policeman regularly visits and asks about their health, if he fails to turn up; he asks through phone. After contacting the police at Adarsh Nagar Police Station it was learned that the contact nos. are memorised because of their effort to ask about their health. This thing sometimes happen twice or thrice a day. This kind of behaviour by the

police personnel and the neighbours keep them satisfied, feeling of respect and recognition. They say, they don't deserve this much respect from the people. People consider us rich but we know our source of income is through Mrs. Khemka's brother's family who sends Rs.10,000 a month. Then only manage day to day needs. Their monthly spending on health is Rs. 3000 a month. They give money to the placement agency as well. He says he struggled a lot during his life span; He didn't take any of his father's property in Adarsh Nagar, though his all the 10 siblings got some share out of it. His whole clan lives in Adarsh Nagar, and that's why he was bit hesitant in sharing the own insecurities with the researcher. They have decided either person will stay with the relative in Assam. They are thankful to the Mrs. Khemka's brothers who call and fund them regularly. Mrs. Khemka does all the outside work with the assistance of domestic help. She has support and strength in form of her husband, who just wants him to be active and speaking as his body does not support much for the movement. Mrs. Khemka has lower back pain, for which she uses assistive material avoid doing which work which would give her pain. Their major life and occupancy depends on the social network and who are supportive for each other. Mrs. Khemka maintains relations by attending every occasion, expenses of such are born by the brother.

Observation: they never missed discussing about the properties they hold in each interview, as if researcher wants to know about their property only. This could be because of two reasons, previous insane owner chases them or they have struggled so much for the money that it has been the only issue entangled in their mind. They worked till 2010 till he got second heart attack. His legs also pain in walking. His property will be given to the two daughters who occasionally come to meet them. They have the tradition of not drinking water in daughters' house. That's the reason they are not willing to go anywhere. Despite all this engagements with daughters and relatives in Adarsh Nagar, Loneliness is the biggest issue for them to deal with. Mrs. Khemka suffers from insomnia. She misses her son which does not make her sleep properly.

Views and awareness: Their names were found in the voter list, and the pensioners list under counsellor quota. He never missed voting whenever elections took place. Their names are found in senior citizen cell of Delhi Police because of insecurities they have, his insane previous owner threatened and abused them from the backside of their ground floor. They only know about the facilities which they are availing.

CASE 9:

Name: Tejindra Nagpal

Age: 68

Occupation: Petty officer in Navy

Status: Married

Family: one 32 year old daughter with one son and a daughter age 8 and 6 years

Property: first floor flat costing around Rs. 80 lakh, he gets monthly pension of around 10,000 out of which he gives 4000 to 5000 per month to help age welfare associations. He has other savings and amount as well. This pension suffices their daily requirements.

Earlier life: her daughter studied in Kendriya Vidyalaya and spent her major time at her maternal place with her mother. He used to get very minimal amount as a salary which he saved for parents and wife. He said he struggled a lot to save the amount for the property he bought the flat at around 1000 Rs. It was then difficult for the person of earning a very meagre amount to buy such a plot. But then also he managed to buy it. After retirement he started living there. He married off her daughter from Saket resident only. Her only daughter started living with her husband in Adarsh nagar. After four years they then asked to come to Adarsh nagar since they lived alone in Saket. It was daughter's wish to be with parents as his wife had a heart attack when they were there in Saket. According to Mr. Nagpal they shifted to this place considering the daughter's adamant behaviour. After coming here, he made neighbours as friends and then through them he got to know about the Help Age Welfare Association. Whenever he or his wife got ill, they were well taken care by the daughter and son in law at the hospital.

Activity: He does all the outside work apart from cutting the vegetables, exercises regularly with wife at home and sometimes at Help Age Welfare Associations in the morning, he takes evening walk at park before meeting other friends at help age welfare associations. He plays carom; and chess, reads the newspaper and participates in the activities of the associations.

He is of the opinion that whatever extra earning he has, it should be well utilised in the welfare of the underprivileged ones. He feels satisfied after donating, that somewhere his efforts will give him blessings.

The striking thing about Mr. Nagpal is that he always smiles. He is the second case who carried the smile through the discussions researcher conducted. His positivity towards life gives him motivation and energy to connect with people. The effectiveness of the Association and how he takes life could be well analysed and understood through the inter relationships between these two. He has no such bad habits of alcohol or cigarette

CASE 10:

Name: Vishal Jatin Gupta **Age:** 74

Status: Married

Occupation: Retired professor in political science from Delhi University

Family: Elder daughter's age is around 47 who is working in an Australian embassy as a consultant and a son who is a businessman in Hungary, married to a Hungarian girl and have two teenagers. Wife is a postgraduate from Delhi University. His elder brother lives in the adjacent house with own son's family. His brother once had a fight with the son and daughter in law and from then onwards his elder brother who is 80-year-old gets a police security after registering in senior citizen's cell of Delhi police.

Life: Mr. And Mrs. Gupta are family oriented persons. They spent major time in being with their children while they were growing up. Mrs. Gupta said "I learned a lot from my children while they were in school; we were more like friends than parents. We didn't realise it that one day we will be a lone couple; we enjoy our time by discovering new places and visiting relative's house as all our relatives live in Delhi and NCR". Now, they both discover new places across India and European countries. They spent three months in Hungary with their son and his family. After which the memories are enough to live with for a month. She showed the collage memories in the form of family Album and photo calendar which his son sends every year. The hybrid children of two countries and culture make them proud and also tension free.

Mrs. Gupta stays at her relatives place when Mr. Gupta goes for Samadhi. He is a spiritual person. He is a follower of Osho, he tries not to skip any big event organised by Osho's organisation. Sometimes both attends *dhyan shivir* (meditation camps) organised by Osho or Sri Sri Ravi Shankar, the spiritual Gurus.

They visited an OAH to get themselves engaged. They do not find neighbourhood as desired to kill the time. So their visit to paid and non paid old age home came out the experience and conclusion that it is not made for us. "A person like me can go mad; the visit did not give me an appealing and wanting feeling. I could not stay there; some of the OAH were very unhygienic, and small in sizes. We have been accustomed to big rooms and luxuries". They also talked to some of the inmates and learned that they are living in OAH out of compulsion. We looked for it because we wanted company of our age group as similar companions would understand the needs of other inmates more than the other age group.

They find European Union best in terms of ageing successfully, as they find resources for recreation inadequate including technologies for the aged.

AGED AT AN OLD AGE HOME

CASE 1:

Name: Mrs. Supreet Rani (69) and Mr. Harpreet Singh (74)

Family: 2 sons and daughter in laws.

First son (46) is a civil engineer and owns a home.

Second son (33) lives in rented house, rent is around Rs.70000.

Occupation (Earlier): Mrs. Kaur was a PG-Teacher in A Delhi Administration School. She helped in establishment and promotion of a new secondary govt. school in Peeragarhi village in Delhi region. Earlier there was only a primary school. She had been teaching since 1988 till 2004. Later she also worked as a guest teacher for 4 years till 2008. She taught Hindi, Sanskrit and Political Science. Mr. Singh was an engineer in Delhi Jal Board.

Arrival: Both living together at old age home since 2007.

Reason: Both their sons are Business oriented people and a reason not to go for job may be their perception of high caste not answering to lower caste. Despite opposition from the respondent for establishing business they supported their sons in this by investing their capital. Even after many efforts and constant investment supported by parents, sons could not achieve success in the business. On the other hand both sons and daughter in laws enjoyed their lavish lifestyle. Exuberant expenditures, unnecessary show offs were part of their life. And while the parents were living with them, they were even asked to pay electricity bill and

house rent, which put together were more than one Lakh Rs. This continuous contention for money started developing distances. In June 2007 their shop got burned and they had a loss of more than 2 Crore Rs. This was a turning point in the lives of the respondents and they decided to move away from it. Just within a month they have decided to shift and by August 2007 they had joined an Old Age Home.

Earlier Life: Aged has established her home from the scratch. Even after her job she took personal care and supervision of their children's studies. She saved a good amount of money and invested it for the future. Their life can be said of hardships, determinations and achievements. She was independent and managed the family very well.

Life in Old Age Home: Both respondents live in a single big room. They even have set up for separate kitchen. A maid comes daily to clean room, clothes, utensils etc. (1200 Rs. Per month). As they are well off they buy medicines separately. Being together is a big sense of satisfaction for them. As they both were very active in their younger life it had been very difficult to stay at a place without much of movement due to health problems. They feel there should be a gym and some other ways of recreation. They have TV in their own room and go for prayers. At times when there are some problems, the period and frequency of visits to temple and prayers increases double-fold. They also wish if they could teach some children there or nearby. According to them there should be proper skill utilisation of senior citizens staying at Old Age Homes. They celebrate all the festivals there. But in their opinion people over there don't engage well among themselves. She overall enjoys the Old Age Home but is worried about her sons and at times gets saddened due to the emotional turmoil they have faced.

Involvement: Despite her health and personal problems she visits her father (90 years old freedom fighter who runs a shop) weekly. They both attend ceremonies and functions only in case of close relatives. They even travel by train and flight despite their health issues. Both their sons and others visit them regularly.

They didn't wish their grandchildren on their birthdays as they wanted them not to miss their grandparents badly. Only a very few close relatives (including sons and daughter in laws) know that they are living in an Old Age Home. To other relatives they have conveyed that they frequently visit to their relatives in places like Amritsar or Ambala or stay in one or the other son's home; so if any relative is willing to visit them (s)he should inform prior. And then they go to the son's home to show as if they were always living there.

Health: Both suffer from BP and diabetes (since 1997). Respondent gets insulin injections daily in the morning. Both prefer visiting Safdarjung hospital. In December she suffered from Dengue and was hospitalised for a month. She can't bend her knees and walks only at even surfaces. She is overweight and gets tired easily.

Views and Awareness: Pension Rs.16000 wife and Rs.20000 of the husband. They know about health benefits and had been reimbursed amount up to Rs. 2 Lakh. They know about Senior Citizens' all route bus passes, concessions in railways and flights and regularly avail these. But they are unaware of Welfare and maintenance of parents and senior citizens Act. They are financially well aware and have insurance cover and have SBI-Retire Smart plan. She doesn't know that there are special doctors for senior citizens in hospitals.

As stated they don't share this information of living in an Old Age Home with most of their relatives and other people. The most important reason for that is social stigma attached to it. They also believe that if others will know about it, there might be negative impact for marriages in the family. As per the respondent "People consider us rich"; and maybe that's why they and their sons try to maintain their high living standard. In their words "ageing is beautiful." She still loves to pamper herself and a beautician visits her per month. She thinks there should be some ways to get earnings in their situation. Sometimes she also enjoys getting rest which she could not get throughout the life.

Mrs. Singh shared what the employee who comes to clean room and serves tea said to her. "*Kaise bachchhe hain ki apne Ma-Baap ke liye ghar me ek bed bhi nahi laga sakte.*" Although it was told while she was describing other inmate's story, it made her feel very bad, tears roll down from her eyes. If their maid could think of for others in that way, similar would be her thinking about them and she will discuss it with some other.

CASE 2:

Name: Mr. Abhay Sethi

Age: 75

Arrival in OAH: 2011

Family: Mr. Sethi has two daughters who are working as computer engineers in New Jersey, both are settled there. His most of the relatives are in US including his only Son with whom his wife stays. His son has a second marriage divorcing the first one, married to a foreigner. Elder brother lives with the servant at the flat which is just below Mr. Sethi's in Mayur Vihar.

Earlier life: He expressed with strong views that he supported his first daughter in law in taking divorce as he found it right at that moment; he didn't step into the son's house after his first marriage dissolved. His daughter in law got a job in MNC and moved to Bangalore with children, who occasionally come to Delhi to meet him. He is more attached to the divorced family. He condemns his son for ruining her life as his son married off with another woman ("Yankee"). He had not seen his second wife and never went to US in seven years. He stayed in Mayur Vihar flat in Delhi, away from his family. His elder brother who is a retired DIG resides with a servant in the flat below Mr. Sethi's. He has a five room flat where he spent three years and made friends there too who are engaged in quite well to do jobs like film and documentary making, doctors. he shared his experiences with different professionals sharing the apartment but somewhere that loneliness was there that's why he expressed that he used to sleep in different rooms to deal with the pursuing shadow that is "loneliness". His family doesn't like him. He tries to engage and roam around with people. He says that "*hum toh past mein jeete hai*" *khali samay mein din kaatna mushkil ho jaata hai. Bagbaan movie 30 times dekh chuke hain. yahi sochte hai bacho ne hume alag kia. Rote hai sochte hai kya galat ho gaya. Phir sochte hain Galati na unki thi Galati na humari thi. OAH is thousand times better than home where I earlier lived.*" When coming to family he says "*family se door rehna hi sahi hai jab wo accept nahi kar rahe.* Here, you get everything on time". He says "considerable numbers of aged are in OAH because they have been insulted, isolated, non contributory in the family. The aged can't have friendly talk with the family. In India aged come to OAH because of problem but in abroad they voluntarily join." He then started discussing about history of OAH in India rather his own history. I have a five-room flat where I slept alternatively in every room. **Property:** House in Bareilly, one flat in Mayur Vihar, a Wagon R and savings.

Social involvement: He seems to be very active in making friends, talking to different people, exploring the places with their own age group, he visits other old age homes, he is an active member of Private OAH situated in Rohini. He attends several functions of different organisations because of large contacts. He wants to fund an orphan child who should be studious. However, He finds himself lonely. He wants to increase contacts with aged of

diverse background so to leave loneliness behind. He asked to give contact numbers of those aged with whom researcher contacted apart from OAH. This shows his hunger to live in society and also among people; but some where OAH which worked as pay and stay has attacked on his aspiration of spending life with his close ones. He has not informed many of his friends and relatives about his stay so he avoids meeting the previous contacts and makes efforts to generate new friends.

Experience at OAH: He stressed upon How do they live and what they do in OAH and not why did they come to OAH. He dwelled into difficult situation when asked about his past. Though his experience at OAH was also no good as his room partner who was forcefully given bath twice a year made him cry because of his unsocial behaviour and acts. He finds OAH thousand times better than where he earlier lived because he gets everything in time and also the protected life. But question comes, when he is finding everything here good then why is he going to Mayur Vihar with collection of unwashed clothes? He had a very bad experience for the initial one year as his roommate had insomnia and did not rest properly, he had to struggle a lot with the daily schedule because of less sleep which deteriorated his health and mental peace, he preferred to be out most of the time, he had less interaction with the home mates as they are habituated in spending most of the time with themselves. He does not find any gym equipments or yoga session with other housemates to start a day though he does exercise for 30 minutes in room. There is no discussion over political issues. He chooses to talk to likeminded people.

Whosoever comes to OAH, he enjoys commenting on him with his inmates.

Engagement: Secretary at old age home Rohini, Administrative member of registered Temple, Member at Pensioners Retired Persons Associations, Janak Puri.

Pension: Rs. 38,000 per month

Views and awareness: He is aware of the 2007 Act and some of the schemes for the pension, widow pension, and separate queue for aged in hospitals, train and air fare discounts, bank policy for retirees. He is aware because of the awareness session taken by the advocate from Patiala house court and through inmates. He does not want monetary help from anyone all he wants is the care, love, affection, acceptance, recognition and engagements.

Observation: Mr. Sethi gave one copy of Bulletin which Pensioners and Retired Persons Association (regd.) publishes quarterly; it was observed that he marked against the name

mentioned in the list of members who are residing in Mayur Vihar. If everything is fine there at old age home so why he is so much inclined towards Mayur Vihar residents? Why does he take clothes for washing and ironing to Mayur Vihar?

Mr. Sethi left his wife who stays in Mayur Vihar in Delhi. Son married a foreigner after divorcing his first wife. Sethi supported and helped his daughter-in-law in divorcing process. So, his wife and children do not like him. His divorced Daughter in law keeps on visiting Old Age Home with children. He recalls the past memories, he loves his children but then also he does not like living with families because he doesn't like the American and junk food culture. It is a kind of defence mechanism which he used. He doesn't like to share past memories with the outsiders. His engagement with outside world is more; for example retired pensioners association which is situated in Janakpuri. He visits Europe, Nepal and many Indian states with the retirees. He wants to deal with boredom. He loves talking and making new friends. He was asking to give contact numbers to him whom researcher was visiting in Adarsh Nagar.

CASE 3:

Name: Kalika

Age: 74

Marital status: widower

Children: Six; four daughters and two sons

Property: No immovable property, he is relying on the regular interest on his savings.

Family: Wife died at the age of 25 in 1971. He had six children out of which the second youngest son died at the age of 37 in 2008. He has four elder daughters and now the only son who runs a dry fruit business in Jammu; the eldest daughter does not work outside as she helped with grandmother in taking care of the younger siblings after her mother passed away. The rest three daughters work in airlines Ticketing, Pvt. Service, nursing in Safdarjung hospital.

Occupation: He worked as a senior accounts officer in Hindustan Prefabricated Ltd. He took Voluntary retirement in 1994 and started a business of inverter making with his son as he

already worked with the electrical department so to set up his sons business. He invested his EPF Employee Provident Fund amount into business. It ran well till Mr. Helped them but later on increase in burden with the decreased participation of the father who lost his adult son made the business run in a dilly dally state. He sold his Noida house put it into fixed deposits to get the regular interest. Gave the factory to the early manager and settled in Delhi. The elder son now runs his business in Jammu.

Earlier Life: After the death of the son he ran the business for few years and then sold the property; put it on policy plan in bank to get the regular interest. In doing all this, his daughters helped him. His son had no interest in running an inverter business so he took the share and shifted to Jammu. Mr. Sethi had been a laborious and punctual person in his office, he got bonus amount also for his extra work that he put it during his service. He very rarely took leave which shows his dedication and also the responsibly which he had to nourish the children which was well taken care by the elder daughter and his mother. He also contributed in managing the household work in the morning such as waking up the children, bathing and packing the lunch boxes and school bags. In the morning, he used to leave the children to school.

Activities: He had been very active in managing the house and fulfilling the children's needs, he says that "*Maa ne bahut haath bataya, responsibility ko pura karne mein*". He is a great cook. He has been cooking since his wife died. He had been the only son of the family, he never thought of deserting her mother but his arrival to OAH was a predetermined course of action as after marrying daughters, he had two sons the family again broke when his younger son met with an accident and died. He didn't want to stay with his son who now runs a dry fruit business didn't show interest in running an inverter business with him. He had to stop the business. And come to OAH. He sometimes goes to meet friends and relatives in Noida. Even he does shopping from the place where he stayed for years. According to him going there gives him closeness and affection. He does all the work himself. Elder daughter comes to meet him and leaves eatables for him. He said it in strong voice that he never took money from his children. His income is solely dependent on the interests that come from deposited amount in bank. He said he gets 5000 Rs. approx. He never approached the MLA office to get the pension considering a "painful exercise". Though he needs money for daily expenses but he manages it. Mr. Kalika, only child of his parents, has six children. According to manager, Daughter in Law doesn't find comfortable when he stays with them.

Health: He has low vision, had operation for cataract. He visits Charak dispensary for all the minor ailments, such as diabetes tests, blood pressure tests, skin problem.

Views and Awareness: He is aware of the Act, policies, programmes, he started listing them but at the end he said it's of no use, as it cannot force anyone to love him, respect him. He wants his family to recognise him. He said, "*paisa ka kya karna mujhko bas do roti chahiye, ye bhi bacho se ni diya jaata. Unko bheed lagta hai.*" They have space to keep Dogs but not own parents. I get regular interest after my death all my property will be in my sons' hands.

He never thought and planned that one day he had to come to Old Age Home though he never expressed pain or sorrow while interviewing or discussing about the issue. He is well aware of the acts and benefits provided by the Government. He does not comply with it as he had a disagreement with the Lawyer who came from Patiala court to make them aware about it. He asked simple question "*aap toh mere pass aa gaye mujhe bata diya, free legal aid milegi, abb iss umar mein court ke chakkar lagane jaaye! Kitne logo ko pata hai, jo aap ye sab bole jaa rahe ho! Isse kya milega? Panno ki baatein aur hakikat mein phark hai! Jab beta rakhna ni chah raha toh zabarjasti rahoge.*"

CASE 4:

Name: P R Anil

Age: 76

Occupation: Retired deputy director from ministry of Agriculture

Pension: Gets decent Pension

Family: Two sons, two Daughters and a wife who is living with the elder son in USA leaving husband at home. The younger son is working in Lucknow. Elder daughter is a teacher in Delhi and the other daughter has a govt. job in other state. His two sons are IIT Delhi graduates and two daughters did MA from DU both are working. His wife was working as a inspector in-charge of south Delhi govt. schools.

Health: He had three times operation in the left knee. His bones are weak. He had cataract operation done on both eyes; which he considers it as normal at this age. He approached private hospitals which were in govt. for treatment for this his children helped in admitting them in hospital.

Activity: He maintains diary, he said he'll mention my name as well in the diary. He has a habit of reading whatever comes in his hand. Reading is the only source to which he connects himself. He has a skill of remembering dates of everything. He sits and thinks over the past and his relation with family members.

Earlier life: "*Tumne mujhe dukhi kar diya gaana yaad dila kar*" on reminding him of the song which he sang during antakshari.. "*hume tumse pyar kitna ye hum nahi jaante par reh nahi sakte tumhare bina*". He is trying to engage himself to deal with the painful feeling and experience that he had.

He has been a true lover. Now he realises his fault that he should not have been strict with her. He exclaimed, "*She should have understood me! I never eyed on any woman. I have been a loyal husband like God Ram, she is my first and last love. She cheated me, "maine usko bache ki tarah paala hai" she left me single, I have lost trust and respect for woman. They don't deserve my respect. I don't drink alcohol, I don't smoke, I don't have bad habits except raising hand when angry. I was a studious student which continued in my children as well. They studied in a govt, school and excelled in studies.*" The repent which he feels is that no one able to understand him as he had a soft corner for everyone. But he considers that now a day's children don't have time to reconsider his decisions. "*I have been honest and straight forward that didn't suit to my children and my relatives. Everyone left me alone. Now I am not in touch with anyone.*" He admits, "*my anger and my words are like sword but my heart is soft*"

Experience at OAH:

"*This place is good as far as you make it. I don't feel like living and eating but then also I eat. Mann nahi karta khane ka, koi taste ni hai food ka. Na koi activity hoti hai , bache aa jaate hai toh thoda mann lag jaata hai. I read books, newspaper, Sarita magazine which is a social magazine, I am from science background so reading this help connect and imagine a social life in which I have always been short of.*" Now he wants his wife to be back which can't happen as the relation got soured, other family members have also sidelined him because of his violent behaviour. He seems to be short tempered person. He considers himself always right, less of flexibility and adamant behaviour could be the root cause of his broken relation.

Observation: it seems Mr. Anil did favour by emancipating his wife's status. He tried to control her life; that could be the contentious issue. He educated her till M.A, after 10th when she married. He said she became arrogant after getting appreciations and respect from her colleagues. She didn't take VR. He is a hardcore patriarch. Who wants everything on his terms. He failed to understand the changing norms and person's expectations after certain age, slapping a woman at 18 might not be as derogatory as slapping a woman at 68 when she has developed status in the workplace, society and has grandchildren of that age.

CASE 5:

Name: T N Sharma (navy officer)

Age: 64

Status: Married

Pension: approx. 35,000 Rs.

Occupation: Retired navy officer was in information and communication department, after retirement he was the Chairman of the K R Mangalam School situated in Gurgaon.

Family: House wife, only son who has a private Dental clinic and a daughter who is working as a consultant in a MNC. Daughter in law is an Architect who lives with her husband. Son rarely comes to meet parents.

Earlier life: He roamed around the world as he was in navy. He had a lavish life bestowed with everything. He used to be out for months as his service required. His children studied in a reputed school and colleges of Delhi. Early morning it had been his duty to send the children to bus stop for school bus. His daughter lives at Kalkaji, Delhi.

Property: He has Bungalow in south Delhi, one Esteem car, other properties in Meerut and some in banks. The earned money was spent in hiring advocate for hearing of the case filed by daughter in law.

He was emotionally attached with his children. He shared how he used to inspire his children when they were lacking motivation and now children come to meet them occasionally at OAH. Son is the youngest one, after few years of marriage his wife filed a

dowry complain against son and both parents-in-laws. She wants all the Money back which was spent on her wedding. The case is going on in the court of law; he goes to attend the hearing but it had influenced him badly, so much that he has got several other illnesses including depression, gastritis, weakness, chronic stomach ache, poor digestive capacity, diabetes, BP. His life had been good prior to the dowry case. Wife's life spent in worshipping Lord Krishna and following Iskon Temple priests' rituals and hymns. She was a yoga teacher in a secondary school. After the filing of the case, husband did not allow to continue this and all routine work which she did it for several years.

Health: He has digestive problem, depression, diabetes, anxiety, liver is strained now, took sleeping pills copiously three days prior to second meeting. His daughter was called up and admitted to a private hospital as there was chances of him getting booked under abetment to suicide. He doesn't feel like living.

Experience at OAH: Due to the legal case they have been living together at old age home for three years. He searched several OAHs before coming to OAH; even after arrival at this place he was healthy and active, used to attend meetings and get togetherness most often. *"Buying fruits and vegetables and walking with wife was a daily routine and now because I went into depression several other illnesses are also lined up, Bimaarion ka antt hi nahi hai"*. That time he was working with the Mangalam group. He finds the services at this OAH cheap and peaceful but at the same time he advocates for the recreational activities which is the dire need of the aged as most of them live in past and idleness give them opportunity to cry over some spilled milk. There is no one with whom you can do catharsis as the other fellow has also more or less the same story which only proliferate their agony. He said whosoever come to meet us we feel happy our attention get directed towards them. He needs activity which keep him engaged, one activity of OAH keeps us engaged for four days. *"Jab tak hath pair chalte hai, tab tak thik hai, jahan baith jao wahi depression ho jata hai"*. This home does not have First Aid Box. No periodical visit of doctor at the OAH for basic BP, Diabetes, Fever, ECG check up. Earlier doctor was coming but administration stopped it and then room was allotted to the aged. He doesn't like spending time at OAH as he is not working outside or engaged. There is not anything to do to keep them engaged. He takes tutorials of his maid's children. His wife is a great believer in Lord Krishna. She spends approximately five hours in worshipping and managing her temple. She finds herself engaged in such activity. This is a form of healing process which kept her away from falling into depression.

“We are crying every day,” “living in insecurities”; that whether their loved one is breathing. What will happen to the partner? How will they be cremated? This thing was said when the inmates were dying after two or three days of gap. The question also arises though they are living in rooms where their roommate or partner died or the new inmate came and took the same bed where the deceased last sighed. How do they feel? Some said *“it is the hard reality we have to accept it. We come here in harsh circumstances in that choosing a bed seems futile. Sabko upar jaana hai.”* The other said who was sitting beside, *“acha nahi lagta when we see their children coming to take the body”* and discussed about the deceased family and his circumstances. *“We have seen deceased’s children arrive soon when they learn the news of death but when the manager calls to inform their illness they procrastinate or give excuses.”* Mr. Sharma said, *“He didn’t do this kind of harsh behaviour with our elder ones. Shayad kuch humare mein Galati thi, kuch humare bacho mein. Hum sab ek hi kashti ke musafir hai. We all have the painful story.”* Some have accepted that’s why they are happy.

CASE 6:

Name: Ms. Amrit Kaur

Age: 76 year old

Marital status: unmarried

Occupation: Started working in 1968 Department of Education, she retired as an inspector officer of school.

Education: Double MA in social science

Siblings: Five sisters and three Brothers

Pension: Rs. 14000

Family: four siblings settled in Delhi except one sister who is in Lucknow. She has given her house temporarily to the sister’s son who is in Lucknow.

Earlier life: She had a painful and life with lots of struggle since childhood. Her father died in 1947 when she was ten years old, after a month India- Pakistan partition took place. She migrated to India with her family, she with her siblings studied in Delhi for initial few years after that whole family migrated to Lucknow. She did her schooling by attending classes under street light. She struggled a lot for studies under poor economic circumstances. When

she got the job, she got engrossed into the work so much so that she didn't even realise the need to marry. She was considering her mother and other siblings would take care of her, but as time passed on her mother died while she was doing job and three siblings were running their business in Lucknow. Later they shifted to Delhi, only one sister's family settled in Lucknow. She came to Delhi in June 2010 for her treatment at Centre for Sight; stayed at one of the sibling's home for a year after that her great grandson who is a doctor at Vasant Vihar, started searching an OAH. After finding this OAH suitable she shifted in October 2011. She went out and stayed for about a week and month at her sibling's place that is having joint family. She attends all the occasions of her sibling's children and grandchildren now the frequency of their visit to OAH has reduced to three to four months.

Experience at OAH: She is in OAH out of no choice. She decided to come as her sister's family was not comfortable in keeping her in spite of the space in the house. She repents on the decision to come to Delhi for treatment of the eye and then coming to OAH. She never thought of coming to the alien space to spend rest of the life. Now she feels lonely and wants to be with family, her few siblings are dependent on children so they can't ask their children to keep her as well, the younger sibling has space crunch in Delhi. The woman regrets coming to Delhi now for expecting care by the brothers and sisters, who invited her. She is losing vision also, apart from the lost attention by the relatives and closed ones. She cries every moment saying she doesn't want to spend an hour here. She is ready to give money to the young ones, the grandchildren or great grandchildren whosoever is ready to take care of her. But according to her nobody is coming forward. Nobody wants to take the responsibility of the aged. She is losing vision, she can't even read properly. So pastime becomes difficult; she just hears the *Sabad and kirtan*. *She is insecure about her future in OAH*. She misses her social life. She lost interest in life because of stress and depression she is almost a lone creature, whose loneliness is welcoming the possibilities of insecurities, attracting the negative powers which is central to all her illnesses. It is just corrupting the very essence of her inner strength. Her days and nights get spent in crying. She keeps on recalling the bygone era which she had.

The questions come in researcher's mind; why can't she have a better time now? Why can't she live in present? What is missing and propelling to think about the past? Why are we so de-motivated or unaware to realise the inner calling, to acknowledge the inner strength; to work on something good irrespective of age.

She said, "Mann lagana mushkil hai OAH mein." She lives in an emotionally insecure, socially alienated institution. However the aged sharing space does not appeal to the woman. According to her these aged have different set of behaviours and orientation.

Observation: She wants to live in family, with sisters and brothers, money is secondary to her, achievements and aspirations are not at the peak of her desire unlike youth and adulthood, loved ones want space, they have situational limitations.

Health: Nerve reaching retina collapsed in the left eye, hearing loss, she needs hearing aid to hear properly, water comes out continuously from the eyes, she consulted centre for sight for the vision problem. Laser operation was conducted on her both eyes but nothing improved. Her disability makes her fearful in going out, so she goes out only when her sibling's grandchildren come to take her with them. Now she has stopped consulting any doctor or dispensary. She feels tired in just thinking to approach someone. She is not familiar with the persons and the place in Delhi, so this adds more to her problem.

CASE 7.

Name: O.C Kapoor

Age: 84

Marital status: widower

Family: One son and three daughters. Wife died in 1996. Daughters are working so does his son.

Occupation: Retired chief designer of Trains. He was awarded with other group members for making a fastest train called Rajdhani in four years. He worked for 35 years and then took VRS (voluntary retirement) to start a business with son which couldn't do well.

Background: He condemns his son's engineering degree which could not help much in any of the businesses he started. He said he poured all his earned money in living a lavish life. He does not allow me to have any say and daughter-in-law was no less in giving pain. According to him there was no point in living with children when they could not allow in decision making. *"I had no power in any of the issues"*. It's not that he interfered in every activity of the family; be it buying goods, painting, cooking different food items, cleaning the house or painting. All he wanted was his space. According to him admitting grandchildren in a

particular school was his son's decision though he wanted to admit in some other good school, both were familiar with the place where they were living. He said he was not orthodox in considering and educating his daughters. He was the one who supported one in choosing air hostess as a career, one is an engineer, the other one is a doctor but she left her practice. He said that he never imposed anything.

CASE 8

Name: Mrs. Chanda Devi

Age: 76 years old

Occupation: Retired telephone operator from Safdarjung hospital

Education: 10th pass

Family: Three sons and one daughter, three sons died consequently and two daughters-in-laws as well. Only third daughter in law is alive who is working as domestic help.

Background: Husband retired army tailor, she bought properties at several places of Delhi NCR. Sold it whenever felt the need. She was busy collecting money by doing overtime work. She somehow managed to cook food also at home before leaving for work. Her husband who earlier opened the tailoring shop in the community left it and was dependent on her. He did not bother to educate children in school, hence, his children later found to become drug addicts and drunkards. Mrs. Chanda reveals that his husband used to beat her for money so before reaching home she had to deposit amount either in bank or give to someone. She tried her best to hide money from husband and children who used to steal her money to meet their addictive needs. She bought house and gave it in the name of the second son, who promised to keep her with him but later on she was forced to stay on rent. So she filed a case to cancel her 'will' which went for around 4 year from 2007 to 2011 while she stayed on rent. After that she herself discovered OAH and started living after fulfilling the formalities. She won the Case in 2013 after requesting judge to finalise the case as she was harassed by the unending hearing dates.

Life at OAH: She found OAH as a good alternative for those who have to struggle for everything all alone at home in the community. Mrs. Chanda Devi feels lonely but satisfied also as she knows how much she struggled after being vacated by the children and husband who died in that year only. She considers retirement brought her family members as

burdensome feeling that they would have to give her proper care unlike earlier. Her earlier life in a rented room and now on OAH brings huge difference. She gets everything in her room. All she feels absence of her close ones, she cried out on recalling the past memories and said she never thought she would come to home some day. She lost interest in the house which she won after four years of struggle. She has assured property to one grandson considering that he would do all the crematory rituals. She found to be in a state where happiness lies in giving love to the loved ones.

CASE 9:

Name: Kanak Devi

Status: widow

Earlier Occupation: Domestic help

Family: Eight children, two sons who are class C grade employees in govt offices. Six daughters out of which, three reside in Delhi. Husband was a low paid employee in army.

Background: Mrs. Kanak Devi stayed with her husband at her son's place. Due to less space in the house both of them spent time outside in the vicinity under the tree and when sun fall straight, they shift to the shady area of someone's house. Her husband was served food in the open area, which used to be unhygienic. She had her social relations in the community, even after the death of her husband she continue to spend time with friends, but the oppression led by children did not get lesser rather it mounted to such as extent that she was beaten by her son. Regular abuse and fights were common with her daughter-in-law. She lived with humiliation and thought to shift to OAH as spending a day became torturous. She weeps narrating her story that earlier she worked as domestic help to meet both ends as her husband never sent money to her, rather her mother did. She is staying in Delhi since got married.

Life at OAH: Mrs. Kanak Devi shifted to OAH after the demise of her husband and abuse which got mounted each passing day. She gets Rs.5000 as pension which somehow she manages as she spent money on buying medicines also and for emergency help. She gets gifted cloths by her daughters who now hardly come as their husband's do not allow them, this makes her feels stigmatised. She misses her friends and relatives who do not know about her stay. She feels stigmatized and ostracized. Staying in OAH is a painful experience which she does only for her body. She lost interest in everything talking with two women are the

only living social contact in her life. Diabetes, weakness, low visibility and low BP are her health problems for which she regularly goes for check-ups. She cries again and again saying “I did everything for the children and children turned away from the responsibility; I Just need a space to sleep, couldn’t they afford this much?”. She does not want to stay here, she feels suffocated “*mujhe yahan ghutann hoti hai* (I feel suffocated here).

CASE 10:

Name: S.N Tiwari

Occupation: worked as a class-1 Grade employee in ministry

Status: Married

Family: Two sons, one is an engineer in Bangalore, the other is a journalist in Delhi. Wife is house wife.

Background: Earlier stayed with son, daughter in law, and a small kid. After finding himself unwanted in the family by daughter in law he shifted with his wife to OAH, whose major time is spend in the *Satsang* in Haridwar. Her worries are lessened by the care the OAH would provide. Both of them loved to spend time with Grandchildren and now they miss them. Both of them have not informed their relatives and friends about their stay. It happened that while they were staying at home, Mr. Tiwari required emergency treatment when Mrs. Tiwari was out for a religious ceremony, but he could not get treatment properly. Since then the relation got strained with children. Insecurity, poor health, strained relations forced them to opt for such alternative.

Life at OAH: Mr. Tiwari joined home recently leaving his own house with the elder son. He seems to be the most active member of OAH despite his serious health conditions. His wife is a religious person; her most engagements happen in Haridwar, she has joined one “religious parivar” (group of people following same guru) for this she keeps on moving to Haridwar. Mr. Tiwari is on regular dialysis, apart from taking medicines of diabetes, and BP. He eats whatever he gets in the market and Gurudwara, he is obese to an extent that moving becomes difficult for him, but then also he keeps himself active and lively. He works in one of the organisations and comes back in the evening. He has a regular routine like any other working person. His participation in the OAH is higher than the other inmates of healthy status. Initial

days were exploring and making friends in Home later he realise the strength and weaknesses of the home and limits himself into his own room and friends outside the Home.

The best thing which he found was food on time which he gets without depending on wife. His son and daughter in law once came to meet her and shift their luggage to home. Mr. Tiwari feels mental peace is the most precious things which he requires in working life. He does not want to retire soon from the work as it keeps them active and engage. Nobody expressed anything good about their daughter in law during discussions. Mrs. Tiwari tried to hide the reason why they shifted to OAH as they both felt humiliated in telling. But constant discussion revealed that they had problem in the strained relation and food was not served on time, he has BP issue which deteriorated his health at home. After few days of stay made them feel sick but they have plan to spend rest of the life at home only.