CARE FOR THE ELDERLY: A SOCIOLOGICAL STUDY IN NADIA DISTRICT, WEST BENGAL

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By

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CERTIFIED THAT THE THESIS ENTITLED

"Care for the elderly: A Sociological Study in Nadia District, West Bengal", submitted by me for the award of the Degree of Doctor of Philosophy in Arts at Jadavpur University is based upon my own work carried out under the supervision of **Dr. Ruby Sain, Professor, Department of Sociology, Jadavpur University, Kolkata, West Bengal**, **India** and that neither this thesis nor any part of it has been submitted before for any degree or diploma anywhere/elsewhere.

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Dated: Dated:

DECLARATION

I, Mrs**. Swarnali Debnath**, do hereby declare that the present thesis submitted by me entitled, **"Care for the elderly :A sociological study in Nadia District, West Bengal"**, in the fulfillment for the degree of Ph.D. to Jadavpur University, Kolkata has been under taken under the guidance of **Prof. Ruby Sain**, Department of Sociology , Jadavpur University, Kolkata West Bengal.

The thesis is my original work and has not been submitted in any form to any other University or Institution for the award of Ph.D. in Sociology. Previous works in this field have been duly acknowledged as and when they have been referred to.

Date: **Swarnali Debnath**

Place: **Scholar**

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LIST OF TABLES

LIST OF FIGURES

CONTENTS

CHAPTER -1

INTRODUCTION

INTRODUCTION

Ageing is a process where over time; an individual experiences a decline in performance, productivity and health. Traditionally, the care of the aged has been the responsibility of the family. But new trends have emerged to transform family structures which have reduced the capacity of this institution to serve as the safety net for the less privileged. The emergence of nuclear family has also changed the pattern of life enormously.

The demographic pattern has remarkably changed in the entire world, where it has transformed from a state of high birth and death rates to a level characterized by low birth and death rates. The problem of ageing was initially thought to be the concern of only the developed nations, for the development of medical technology but it is equally the concern of developing countries, where the population structure of older persons is changing rapidly. In fact, the first quarter of 21st century is called the 'Age of Ageing'. The number of people who turn 60 each year worldwide is nearly 58 million.In 2012, aged people 60 or over represent to almost 11.5 per cent of our total global population.The Indian senior citizen population is currently the second largest in the world after China. According to Census 2011, the senior citizen population is 8.6 per cent of the total population. With the declining fertility, along with increase in the life expectancy ,the number of senior citizen in population is expected to increase by more than double from 71 million in 2001 to 173 million in 2026-an increase of their share to the total population from 6.9 to 12.4 per cent.

According to Population Census 2011, there are nearly 104 million elderly persons in India;53 million females and 51 million males.It is interesting to note that up to Population Census 1991,the number of elderly males exceeded the number of females .In the last two decades,however,the trend has been reversed and the elderly females outnumbered the elderly males.As regards rural and urban areas,more than 73 million persons i.e. 71 per cent of elderly population reside in rural areas while 31 million or 29 per cent of elderly population are in urban areas.

The growth in elderly population is due to the longevity of life achieved because of economic well-being, better medicines and medical facilities and reduction in fertility rates.In India,the decadal growth in general population has shown a decreasing trend since 1961 and so is the growth in elderly population till 2001.In the last one decade,however,that is between 2001 and 2011,the growth in elderly population has shot up to 36 per cent while the same was 25 per cent in the earlier decade. The general population has grown by merely 18 per cent vis-à-vis 22 per cent in the earlier decade. It is observed that in India, the growth in elderly population has always been more than the growth in general population.

Percentage share of elderly persons in the population of India is ever increasing since 1961.While in 1961,5.6 per cent population was in the age bracket of 60 years or more,the proportion has increased to 8.6 per cent in 2011.The trend is the same in rural as well as in

the urban areas.In rural areas while the proportion of elderly persons has increased from 5.8 per cent to 8.8 per cent,in urban areas it has increased from 4.7 per cent to 8.1 per cent during 1961 to 2011.It is observed that the difference of percentage share of elderly population in whole population in rural and urban areas is narrowing.

The elderly members are habituated to live with their family but the changed circumstances have necessitated their living under institutional care or independently. The idea of institutionalized care has largely been borrowed from the Western countries, whose culture and societal norms are different from those of India.Ageing has become a global issue. Keeping in view the world concern on ageing, the United Nations conveyed the First world Assembly on Ageing in Vienna, 1982, whose outcome was in the form of First International Plan of Action on Ageing, called the Vienna plan. This plan contained recommendations in key areas like Health & Nutrition, Social Welfare & Income Security which required intervention for the welfare of the older persons. Here it is needless to mention that such a strategy requires an excessive dependence on the state to handle various welfare programs & policies. This has largely been due to the fact that the perspective on which the Vienna plan was drafted was dominated by the Western world-view. Further, the Vienna plan did not recognize the difference in the composition of the aged, the social, political & cultural ethos across the regions. It was then decided to convene a second World Assembly in 2002, in Madrid to prepare a revised plan to meet the challenges posed by the increasingly ageing population in the developing nations. From the perspectives of the world conferences (Vienna 1982: Madrid 2002) on ageing, the elderly are no longer considered to be unwanted or worthless.

The Second World Assembly was held in 2002 to prepare a revised plan to meet the challenges posed by the increasingly ageing populations in the Developing Nations. The Madrid International Plan of Action (April 8-12, 2002) on Ageing makes 177 concrete recommendations covering three priority directions, namely- Older Persons & Developments, Advancing Health & well-being into Old Age and Ensuring, Enabling and Supportive Environments. Hence, the stress is given on empowerment and integration of the aged persons into the present economic system of the nations.

The Government of India, in January 1999 announced a National Policy on Older Persons. This policy identifies principal areas of intervention such as Financial Security, Health Care, Nutrition, Shelter, Education, Welfare, Protection of Life and Property of older citizens.An important thrust in the policy is on active and productive involvement of older persons and not just their care.

The Government of West Bengal also passed the Maintenance Act in 2007.The act enables the senior citizens to legally proceed against their dependants who fail to look after them and thereby claim maintenance from them.The Act also provides for imposing a fine up to Rs.5, 000 followed by an imprisonment up to six months for those who fail to take care of their senior family members, but the reality shows different scenarios.

Some of the NGOs of India like Help Age India have been partly successful in implementing it at village levels, in other states like Andhra Pradesh, Kerala and Karnataka similar income generation plans have been implemented for the disadvantageous elderly persons.The progress is not uniform as the same is dependent on the state government's active participation.

The problem originates from the changes taking place in family structure.The family has been the cradle of civilization.It is the family which is responsible for the caring of all its members, including children, adults, disabled, the aged and the chronically ill.With the advent of the small family structure in the second half of the 20^{th} century, the problems began to arise and the industrialization and urbanization has caused complete fragmentation of traditional joint families.Residents in aged care facilities or old age homes are even more likely to be frail and to have experienced major losses in life,such as loss of their spouse/partner.They have even lost their place of residence on entering the home,and sometimes even their identity.

Often there is no one to speak to about their losses and fear and no one to share intimacy with them.Human beings need intimacy,in later life as at any time during the lifespan.Just as infants and toddlers who are deprived of love fail to thrive,frail elderly individuals too may be deprived of nourishment of the soul and may also fail to live healthily.Some in residential care may only experience the touch of another human in the feeding ,showering or other caring activities,but never simply as an act of love,but rather mechanically.The human spirit is nourished by and flourishes on hope.To find hope is one of the spiritual tasks of ageing,although of course this is not a task of the older people only.

In recent years there has been a growing awareness among health professionals of the potential physical and mental health benefits associated with spirituality and religion; especially for older adults.Though spirituality is as much a part of human experience as any other normal form of thought and behaviour.

The Indian thought is one of the influential philosophies in the world.The eastern concept of well-being is mainly drawn from the Indian thought.The schools of Hindu philosophy are abundant with rich, insightful philosophical treatise on well-being.The various schools of yoga prescribe methods to help reach a high level of consequences and go beyond the limits of ordinary human experience.It is to be noted that well-being is equated with integration of personality. All these practices are difficult to exercise and thereby the problem of ageing gains maximum momentum in the contemporary world.

The present researcher has also tried to portray the importance of religious practices and the exercise of spirituality as a means to protect oneself from the feeling of loneliness. In today's world mental health of the elders is at stake owing to the factors like rapid development of industrialization and the breakdown of joint families which used to be the basic caring unit of the aged. The number of the elders is also on the rise owing to the advancement in the medical sciences. In most cases, the elders are the victims of loneliness and sadness.

Considering these problems of the aged population, the present researcher has focused on the study incorporating different issues related to the pain or agony of the elderly in the present

moment.The present researcher has done this research work among the Hindu community of Nadia District of West Bengal.

Objectives of the study

The formulation of objectives helps the researcher to focus the study narrowing it down to essentials.In other words, a well-structured objective helps to avoid the collection of data which are not strictly necessary for understanding and solving the problem identified by the researcher.Further,it organizes the study in clearly defined parts or phases.A properly formulated,specific objectives facilitates the development of research methodology which finally helps to orient the collection,analysis and interpretation of data.Thus,care is taken so that the objectives cover the different aspects of the problem and its contributing factors in a coherent way and in a logical sequence.Further,attention has been given so that the objectives are realistic considering local conditions.

Basic Objectives of the study are as follows:

The study has the following main objectives:

- To find out the socio-demographic profile of the elders in Hindu community.
- To study about the economic condition of the elderly in Hindu community.
- To find out the health profile among the elderly
- To find out the level of feelings of loneliness among the elderly
- To identify the adjustment problem of the old with younger generation
- To find out spiritual issues of the elderly.

CHAPTER – 2

REVIEW OF LITERATURE AND THEORETICAL FRAMEWORK

Review of literature

A literature review can be a short introductory section of a research article or a report paper that focuses on a recent research. An attempt has been made to compile and deduce important findings from these reviews in order to find out the research gaps. Literature based on Indian as well as foreign context is considered here for the study.

Recent WHO data indicates around 1 in 6 people who are 60 years and older experience some form of abuse, which could be physical, sexual, psychological, emotional, financial & material abuse, or abandonment; neglect as well as serious loss of dignity and respect..

Ronald D. Lee (2007) in his paper on **"Global Population Aging and Its Economic Consequences"** viewed that population ageing and its consequences can only be properly understood in the context of changing age distributions across the "demographic transition," the process through which countries move from initially high fertility and mortality to low fertility and mortality. The resulting changes in the population age distribution culminate in population ageing. Population ageing is inevitable and permanent, but its timing and extent vary from country to country and region to region around the world.

Ronald D. Lee(2007) in his another paper entitled **The Changing Balance of Earners and Consumers** noted the consumption and earnings profiles provide a more realistic picture of economic activities over the lifecycle than do the simple 0–1 assumptions of the conventional dependency ratios. The dependency ratios indicate variations in the relative numbers of consumers and workers.The ratio of aggregate consumption to aggregate earnings is analogous to the dependency ratio.

Demographic change is likely to cause changes over time in the proportion of output that is saved. Saving behavior varies across the lifecycle, so when the proportion of the population at each age changes, the aggregate saving rate would be expected to change as well.

Ronald D. Lee (2007) in his paper entitled **The Real World: Institutions and Intergenerational Transfers** said that population ageing can boost economic growth by rising saving rates in the middle of the demographic transition and thereby permanently boosting the capital intensity of an economy. The extent to which this may happen depends on the degree to which consumption in old age is funded from physical or financial assets rather than simply through transfers from the labour income of workers. Suppose that postretirement consumption is funded solely by transfers, when the elderly live with their adult children and are fully supported by them, and the children have not saved in anticipation of supporting their parents. In this case, the first demographic dividend as described by the changing support ratio tells the whole story. Then, population ageing is costly and most likely slows the growth of per-capita income and consumption per effective consumer. If, however, the elderly have saved for their own retirement, either directly and purposively or indirectly through prefunded public or private pension programs, population ageing will help to drive economic growth.

Barro (1974) said that the elderly in China are in a difficult situation. Decades ago they were persuaded to comply with the one-child policy in part by promises that local governments would provide care for those elderly lacking children to support them. The later shift in policy towards a market system and decline in the strength of public industries undermined the ability of the local governments to provide services, including old-age support. Many rural elderly in China find themselves in a precarious situation, with neither familial nor public-sector support.

Giuliano Bonoli, Toshimitsu Shinkawa (2005) in their work **Ageing and Pension Reform around the World Evidence from Eleven Countries** wrote that Taiwan is the only country covered by this study that does not have a universal, fully-fledged pension system. The absence of pension provision at the beginning of the demographic transition generates yet another kind of pension politics. First, concerns for financial sustainability do not receive any significant attention in the public domain. This is due to the fact that the existing pension system is rudimentary, and therefore has made smaller commitments than most of its counterparts, but also to the fact that sustainability issues are obscured by the lack of interest that so many actors and individuals have shown in the setting up of a comprehensive pension system. Taiwan's population is relatively young, but it is ageing rather quickly. In addition, the cohorts that are approaching retirement age are going to increase in their size over the next few years. This demographic situation creates a particularly fertile ground for the development of expansionist pension policies. The financial cost of a new pension scheme is limited, at least in its initial period of operation, but the political rewards are likely to be substantial. It is thus not surprising that the last few years have seen major competition among political parties and individual politicians in making proposals for the expansion of pension provision. The debate has been influenced by the limited extent of provision that exists at the moment, in particular the rather generous tax-financed, non-contributory allowance paid to retired military personnel. In fact, in Taiwan, the military, essentially of Mainland Chinese descent, enjoy by far the best treatment as far as pensions are concerned, and in the political debate the pension issue became framed in terms of extending this favourable treatment to other social groups, such as the farmers. As a result, the standard pension policy options of contributory social insurance or the extension of occupational pension coverage were de facto pushed out from the political agenda as the pension debate gathered momentum in the late 1990s. The Democratic Progressive Party, which gained power in 2000, had promised to introduce a non-contributory, tax-financed universal retirement allowance, but was later forced to shelve its plans because of worsening economic and budget conditions.

Jan Baars (2012) in his paper **"Aging and the Art of Living"** showed that the ancient Greek and Roman approaches to philosophy as an art of life in search for wisdom did not evolve into an art of ageing, although Cicero gave a famous first improvisation in his treatise On Old Age (**Cato Maior. De Senectute**). After Cicero, there has been an abundance of thought about death, while questions about ageing have been pushed to the margins.

The dialectics of protection and restriction that are unfolding around retirement still differ, however, because the motivation and ability to continue to work and to stay healthy appear to

be strongly socially stratified **.**Such changes are accelerating as new technologies also allow the acceleration of decisions about investment, production, and marketing. As a result of such developments, there may be multiple careers over the life course, a lifelong need to learn new skills, and a retirement that does not take place at a fixed age but depends on the employability of the person concerned.

Some authors, such as **Anthony Giddens** (**1990, 1991),Zygmunt Bauman(1997**), or **Ulrich Beck (1992)**, have highlighted the fluid character of late modern society, emphasizing that individuals are overburdened with choices rather than being confronted with a regulated life course.

In **Ajaya Kumar Sahoo, Gavin J.Andrews** and **S.Irudaya Rajan's** book "**Sociology of ageing a reader" Sohail Inayatullah** (2009) in his topic **the demographic population and under population** explore that along with ageing, there will be a genderquake. In the West, children are being postponed as women focus on their careers, this brings down fertility as there is a strong link between a women's age at first birth and the average size of her family. Also many more women are not having children at all. In contrast, leaders in the developed world are urging women to produce more children, Japan is even trying to convince the salary-man to spend more time at home, play with the children, and make his wife's life easier, so she will have more children.

Beth J.Soldo and **Emily M.Agree (1988)** of the American population Reference Bureau argue that in developed nations such as Canada and the US, as the elderly population grows due to life expectancy gains and the ageing of the huge baby-boom generation, there will be many more sick and disabled old people. For ageing to be a bright future not only will society's economic and social structure have to change but medical developments in life extension will have to materialize.

Jenny Hockey and **Allison James (1993)** in his paper "**Growing up and Growing old ageing and dependency in the life Course"** explain that older people are beginning to assert their citizenship rights to independence and are challenging those structures of power which have for so long maintained their dependent status. Economic changes have also provided sections of the elderly population with a powerful role in the consumer society.

Dex and Phillipson (1986) go further. They argue that attitudes to work in the later years of life are shaped by government employment strategies and the funding of policy oriented research.Thus,the 1950s saw the emergence of industrial gerontology which addressed itself to the retention of older people within the workforce during a period when the government was concerned about the imbalance between 'productive' and 'non-productive' members of the society.By the mid-1960s,however,it had become apparent that a large workforce was not going to be needed and initiatives designed to promote a longer working life were rapidly brought to a halt.

According to **Cristofalo (1996) "**ageing is not an event or one thing that happens, rather it is "a period of the life history of organisms that begins at maturity and lasts for the rest of the life span" Biological ageing is also characterized by an increasing vulnerability to

environmental change, which many refer to as senescence.Biological ageing results from intrinsic and environmental sources and a combination of these.

According to **H.T.Blumenthal (2003**), "Ageing and disease are not synonymous.There are processes of ageing and etiologies of disease.The relationship between the two is important, but not inevitable"

James Fozard and SandraGordon-Salant (2001) offer a comprehensive report on age changes in vision and hearing.They explain that declines in vision vary enormously, but the most significant changes in auditory and visual functions occur among those older than seventy five.Most people eventually experience changes in the eyes's ocular media, retina, visual cortex, ocular control, contrast sensitivity, visual accommodation, and sensitivity to light.

Fozard and Gordon-Salant,2001;Kline and Scialfa,(1996). The most common visual changes include the ability to adjust to the dark,color discrimination(with declines in the ability to differentiate blues and greens occurring earlier and to a lesser extent in discrimination of the reds and yellows),glare and glare recovery(increased susceptibility to glare), and perception of motion.

Warrren Black-well,and **Morris(1989)** found that declines in ability to perceive motion have a significant ,although small,association with older people's increased risk of falling,Branch,Horowitz,and Carr(1989)found that self-reported vision loss among older people sometimes leads to unmet needs in daily activities,both physical and emotional.

Mary S.Harper (1991) in her book **Management and care of the elderly: Psychosocial Perspectives** explains that Suicide is a serious problem of the old.Compared to younger individuals,the old openly communicate their suicidal intent less frequently,use more violent and lethal means,and less often attempt suicide as a means of gaining attention or a cry for help**.**

Studies consistently reveal that the widowed elderly are particularly vulnerable to suicide (**Kopell,1977; MacMahon & Pugh,1965**),with elderly widowers most notably at risk (**Berardo,1970; Bock & Webber,1972**).Likewise,the elderly living in urban areas,particularly low-in-come transient areas in central cities, are more at risk than those living in rural areas, and those living alone are at greater risk (**Sainsbury,1963**).(**Gurland & Cross,1983**) Confronted with the many losses and stresses of growing old,the elderly may lose their sense of personal identity and suffer from a decline in self-esteem, lowered self-concept,and a sense of meaninglessness in life. Many become seriously depressed and lose all motivation for working, playing, and even living. Depression resulting from loss underlies two thirds of the suicides in the elderly.**Schultz** (**1976**) similarly argues that loss of job income, physical health, work, and childbearing roles results in increased helplessness and depression.

Blazer,1982 said that helplessness and hopelessness also contribute to alcoholism,a significant factor in later life suicide.Many older adults turn to alcohol to relieve depression

and loneliness,but ingestion of large quantities of alcohol actually increases depression and anxiety and also may alter moods and decrease critical life-evaluating functions of the ego, allowing unconscious self-destructive impulses to gain control.The stimulating effects of alcohol may reduce inhibitions and self-control and contribute to the false courage that may be a factor in suicide.In addition,a regular use of alcohol often results in the deterioration of important social relationships,leading to social isolation.The anger, hostility and belligerence that accompany frequent alcohol use can alienate the depressed elderly person from family members and close friends at a time when he or she needs social and emotional support the most.

Burnside (1980), also expresses caring concern, affection, or control is required.In the institutionalized elderly, use of touch frequently leads to smiling,laughing and other positive demonstrations of feelings.

Privacy has been identified as an important factor influencing behavior and attitudes of older individuals.**Koncelik(1976**) found that nursing home residents who perceived they had more privacy were better adjusted than those who perceived they had less privacy.When **Lawton (1972,1975**) surveyed elderly residents of long –term care facilities, and found that approximately 50% of those sharing rooms desired a private room.Privacy is essential to mainting positive self-regard, self-reflection, and autonomy and to providing emotional release.Environmental manipulations can enhance privacy,such as the use of curtains between beds in multi-bed rooms to create physical boundaries and to assist residents to maintain their own private territory;small dining areas for a limited number of residents,to reduce crowding and social overload;comfortable furniture for small casual groupings to facilitate social functioning, rather than large public places; private bathrooms for privacy to enhance physiologic well-being and social functioning; knocking before entering a person's room; asking permission to enter the room before intruding on a resident's territory; and respecting the need of the resident for solitude and intimacy.These are the resident's/patient's basic rights.

S.D.Gokhale, P.V.Ramamurthi, Nirmala Pandit and B.S.Pendse in their book **(1999) "Ageing in India"** in **"Services for the elderly The Formal structure of Care for the Elderly"** explains that family support is provided for the elderly who are retired or have no fixed income. It includes three forms: the elderly living with children, those living alone, and those living in day-care centres.The day-care center for the elderly is a new structure adapted to the process of family size nuclearization and to the increasing number of two-career young couples (who have no time to care for the elderly during the day).Such centers not only keep the traditional way of family support but can also solve problems for the younger generation.

S.D.Gokhale and Chandra Dave said (1999) health care of the old is integrated into the overall health care system in the country, the basic unit of which is the primary health center in rural areas and municipal clinics in urban areas.Elderly people make use of free medical services provided at government hospitals and dispensaries, and they also use privately run medical services, for which payments have to be made.

The national housing policy of **1988** has recognized the elderly as an especially disadvantaged group for whom housing schemes should incorporate dwelling units of appropriate designs, formulated to meet their specialized requirements.However, a few social organizations are providing shelter to old people on a nonprofit, no-loss basis.

S.D.Gokhale (1999) also explores that the process of population ageing is primarily determined by fertility(birth)rates and secondarily by mortality(death)rates.Populations with a high fertility tend to have low proportions of older persons and vice versa.

P.V.Ramamurthi and **D.Jamuna** presented that another distressing aspect of elder care is increased stress for the caregiver in view of her multifarious commitments at home and outside.If there are physically or mentally disabled elderly at home, it would be extremely stressful for the caregiver, sometimes resulting in burn out.Though care givers' stress is a hackneyed subject of research in the West, there has been pretty little by way of empirical assessment of this aspect in the Indian context.

S.D.Gokhale explains that Global ageing has brought an increased awareness of the elderly and their needs in most countries.This is especially important for developing countries,like India.The 'Burden' perspective grew out a set of assumptions about the elderly which look at them as frail, dependent, and therefore in need of care.

David Hobman (1978) in his book **"The social challenge of ageing"** explores that the great majority of people accomplish the process of ageing with little or no recourse to their medical advisers and none to the social services. Old age is not a disease nor is it a social problem.

Few older people who can afford extensive travel, expensive hobbies and recreation, the chances are that if they had not been involved in these activities prior to retirement, they are not likely to become so involved.More time is devoted to personal maintenance,napping and reading.A little less time is devoted to entertaining and club and church participation.Visiting patterns do remain constant.The geographic setting for many activities is related to functional ability, environmental opportunities and social class. There are direct linkages between the desired or attained level of interpersonal contacts and an individual's activity patterns.Friends are frequent companions for shopping and various other recreations. Relatives are likely to be used for special occasion events like holidays or providing transportation to health services.Both groups have been shown to be valuable emotional and emergency supports, but the family is expected to assume long-term care.The nature of these activities is in part attributable to the type of contacts made between individuals. Friends are seen frequently, most often several times a week.Relatives, although often within an hour's drive of the older persons are seen less frequently.Most contact with relatives occurs by telephone or mail.

Melissa A. Hardy (1997) in her book **"Studying Aging and Social Change conceptual and methodological Issues"** explains that New members were born into society, aged as part of the collective, and then died.The vitality of the society came from the continuous production of new members and replacement of current members, and the rhythm of that process was linked to the duration and limitation of the individual life span.It was this linkage between "generational replacement" and social change.

Sara arber, Kate Davidson and Jay Ginn (2010) in their book "**Gender and ageing changing roles and relationships"** explains that the family life cycle perspective defines the existence of a set of developmental stages-from marriage to widowhood-and attributes to each of these stages typical 'developmental needs' and developmental tasks'(Duvall 1957).The instrumental role the older women seem to play in the formation of contemporary LAT (Living apart together)relationships is not coincidental.The history of contemporary older women who are active in the everyday 'experimentation' of finding new forms of intimacy is,to a great extent,the history of a cohort who have been pioneers in the restructuring of family life over the past 30 to 40 years.The women in today's LAT relationshios experienced,when still quite young, a unique period of history,in the 1950s,when the ideal of the nuclear family became more generally widespread,i.e.an ideal characterized by a distinct segregation of public and domestic spheres.

Older men living alone who have never had a legal parter relationship may be expected to have a continuous series of social relationships.However, never married older men are less likely to have extensive social networks.Partly because there is only one member in the household to access potential network members.In the Netherlands, never-married men and women have usually had different educational and socio-economic careers.The current generation of older never-married women are primarily highly educated,having had relatively successful careers,whereas never-married men have often had less successful careers,and therefore find themselves in a less favourable socio-economic position.It is to be expected that the relatively restricted socio-economic resources of never-married men will be reflected in the size and composition of their social networks, and differ from networks of never-married women.

Sleep problems in ageing, therefore, must be seen within a social context, responsive not only to physiological changes but also to gendered divisions of labour and life events and transitions that may alter the balance of the relationship between men and women. It examines the impact on older women's sleepin relation to increased caring responsibilities as their partner's health declines.Many women in their study, who care for husbands in later life, would attest to the validity of Shakespeare's words describing the impact of care on sleep.In describing their sleep in relation to these caring experiences,the women allude not only to the physical and emotional labour associated with caring but also to the changing nature of the couple relationship. Caring for a partner with dementia, for example, can be a long –term commitment resulting in chronic sleep disruption and adverse consequences on the quality of the carer's daily life.

Kabir, M.(2015) in his book **" The Elderly Contemporary Issues"** explores different aspects of socio-economic,cultural,health and psychological problems of the elderly.Generation gap nowadays creates problems.The youth is a spirit,a source of developing issues to inspire mission and vision and visionary.The young people constitute the essence of energy.On the contrary the elderly are wise and lighthouses of civil society.Their manifestation is not limited to read the newspaper or to walk in the morning and evening but to judge what is wrong or what is right and to give guidance for what to do or not to do.They work as crisis managers of nascent problems judging according to wisdom and

experience.There is found a generation gap between the youth and the elderly- a gap of running technological innovation and a gap of quintessential achievement,a gap of spiritual sagacity and a gap of religious norms.With the prevalence of morbidity and disability the elderly should be provided with both financial and social securities inside and outside homes with health care services, medical facilities for better treatment, housing, food and clothing and with extended facilities of health care centers.There should be voluntary organizations to support the elderly. Special health care centers for the old/old hospitals attached to the running public and private hospitals should be established.In order to create a positive attitude towards the elderly we must promote awareness and understanding of the younger to the old.

Elderly population has low expectations due to lifetime deprivation, and lack of understanding of any concept of well being due to their focus on day-to-day survival and meeting basic needs.Elderly women are more dependent on their families for survival than elderly men, which increase their vulnerability.The poor elderly people in rural areas face very difficult situations to meet their basic needs. Many elderly persons have only homestead land but have no agricultural land.Again, many elderly persons even do not have homestead land.Because of insufficient family income, and dependence on children's income,the elderly persons cannot support their elderly parents.

Sara Arber (2009) in her book **"Gender and later life: A sociological Analysis of resources and constraints"** explains that good health ,especially the individual's capacity to carry out personal self care,such as bathing, eating, negotiating stairs and walking outside the home ,is essential to independence.Chronic illness and disability are restrictive, as well as generating extra costs for a special diet, additional heating,laundry,or nursing care,Those with higher levels of functional disability or cognitive impairment will require more practical support and personal care from either informal carers or the state.Poor health and disability may have profound implications for the person's self image and self-esteem.Featherstone and Hepworth(1989) argue that the loss of cognitive and other skills with age brings the danger of social unacceptability and of being labeled less than fully human.

They suggest that the loss of bodily controls causes penalties of stigmatization and ultimately physical exclusion.Women's higher level of disability makes them more vulnerable to such penalties of ageing.However the likelihood of a given level of disability having these effects depends on the nature and availability of financial and caring resources.Care from family members, from a range of different providers in the community, and from the state should not be treated as equally acceptable from the point of view of the care-receiver.

Cohen Lawrence (1998) in his book **"No Ageing in India Modernity, Senility and the Family"** showed that the joint family as the sole criterion for assessing the well-being of old people is an important feature of post –Independence Indian literature on old age. Indian gerontology is built around a narrative of the inevitable decline of the universal joint family secondary to the four horseman of contemporary apocalypse: modernization, industrialization, urbanization, and Westernization.The status and health of old age is consequently declining; solutions must be looked for in the highly developed technologies of

Western gerontology and geriatrics.The West occupies a split role in this narrative, as the source of both the problem and the solution.

He further said with examples of Varanasi that Varanasi is among other things a sacred city, built along the archetypically sacred Ganges, Ganga in India.From the river, Kashi is Shiva's city-that is, a unity, the oft-described and continually researched "sacred city of the Hindus."The river anchors the pilgrims's construction of Kashi as the most famous of tirthas: 'crossing over" places, junctures with the transcendent experiental order of moksha, or release.It has anchored the colonial construction of Varanasi as well as the essence of the imagined Hindu. Cohen points to depictions of the Varanasi riverfront as a central image within the commodified portraiture of the essential Hindu, alternately exotic, docile, threatening, superstitious, bestial, and otherworldly.

He further pointed out that Varanasi is a particularly interesting place to study old age. One of the key signs in the iconic representation of Varanasi is the old person and particularly the old widow, who has come to Varanasi and the Ganga to live out her last days or to die or at least be cremated here.Varanasi as a sacred center is also a home to hundreds, at times thousands, of sannyasis; renunciates, and other sadhus, or holy men. Sannyasa is the last stage of asramadharma-the idealized four stage life cycle in the ethical and legal tradition of classical dharmasastra –and is conceptualized as at time of complete renunciation of secular life and pleasures, withone's mind focused on God and on the noumenal world beyond appearances.The goal of this fourth stage is the fourth of the classical goals of human existence-righteous action, pleasure, profit, and liberation from suffering. Moksha, or liberation, is often conceptualized as radical cognitive transformation in which one learns to forget the illusions of the phenomenal world.

He also told the stories of old age people giving example of Kumbh Mela. During the **Kumbh Mela,** local newspapers contained several reports of lost old people.They suggested the many kasivasi old people of the city,did not come there solely out of a desire to die in holy Kashi,far from their land and their family.Children abandon their parents,sometimes just dumping them at the station.Whether or not it was a Forest of Bliss, no old householder would willingly renounce his or her home for Varanasi.The lost old person was a familiar figure on television news. Local stations in the 1980s were given airtime to show photos of missing persons of all ages and describe their last known whereabouts; frequently, such missing persons were the elderly.Their stories were similar: a family from a village or small town visits a big city.

Peter Laslett (**1989**) locates a cultural poverty in the contemporary experience of ageing which must be changed for the benefit of future generations.**Laslett's** analysis sees the problem of the third age as a cultural one; thus there is a need, to which he devoted a great deal of time and energy, to develop and give meaning to the last third of life as a period of personal growth and development. He sees cultural change lagging behind demographic change. The ageing of populations, which has been identifiable in Britain at least since 1911, has expanded the older age groups in society, but Laslett suggests no new roles have developed to give social meaning to these enlarged groups. His approach locates the

indignities of old age as the lack of cultural value, old age as a contentless role – the fag-end of life lacking the charisma of youth. Laslett brought his formidable historical expertise to the redefinition of the problem of old age.

Edgar F. Borgatta, Rhonda J. V. Montgomery (2000) in their book **"Encyclopedia of Sociology"** explain one chapter on **Ageing and the Life Course** where they discussed about Social gerontology, or the sociology of ageing, has two primary foci: (a) social factors during late life, and (b) social antecedents and consequences of ageing.Thus, social gerontology includes examination of both the status of being old and the process of becoming old. Increasingly, theories and methods of the life course are replacing the earlier emphasis on late life as a separate topic of inquiry.

Historically, social gerontology emerged from a social-problems orientation and focused on the deprivations and losses that were expected to characterize late life (e.g., **Burgess 1960; Cain 1959**). Early research in the field focused on issues such as poverty during late life; old age as a marginal status, reflecting problems of social integration; the negative effects of institutionalization and poor quality of long-term care; and ageism and age discrimination.

Ageing and the life course is an important sociological specialty.It provides us with information about ageing and being ''old,'' and about the antecedents and consequences of stability and change during late life. The increasing life-course focus of ageing research is especially important in that it concentrates sociologists' attention on the dynamics of intra-individual change and on the intersections of social structure, social change, and personal biography.At its best, ageing and lifecourse research effectively link processes and dynamics at the macrohistorical and societal levels with individual attitudes and behaviours. In addition, the life course in general and late life in particular, provides excellent contexts for testing and, indeed, challenging some commonly held assumptions and hypotheses about the dynamics of social influence. In this way, it offers valuable contributions to the larger sociological enterprise.

Kieran Flanagan and Peter C. Jupp (2007) in their book **"A sociology of spirituality**" presented that the notion of body-spirit unity enables to look beyond physical nature to spiritual nature. Such a view also sets humanity apart from other species; thereby giving human personhood an implicit deep value, of being in God's image.The notion of the human spirit also suggests the possibility of a supernatural life for all, both personally and together. In clinical work, this idea of connecting at emotional spiritual levels can be particularly helpful, especially when looking at male and female conflicts.The idea of human spirituality also gives a platform for engaging with spiritual reality.

God is treated as something like a cosmic therapist'. 'What we hardly ever heard from teens, writes Smith, 'was that religion is about significantly transforming people into, not what they feel like being, but what they are supposed to be' (Smith 2005). Rather than 'life-as' religion and spirituality (to use a term from The Spiritual Revolution) teens 'seek out religious and spiritual practices, feelings and experiences that satisfy their own subjectively defined needs and wants', not the least'personal realisation and happiness' or well-being.Accordingly, it is

perfectly reasonable to argue that large numbers of teenagers are close to inner-life spirituality, with some already holding 'New Age' beliefs or practising.

Peter B.Clarke (2006) in his book **"Encyclopedia of New Religious Movements"** explains Saivite mission, founded by a Ghanaian in Ghana, West Africa with branches in the Ivory Coast and the Republic of Togo. According to him, the figure identified itself, as a **deva**, which made him link his new spiritual experiences to **Hinduism**. In subsequent visitations, he claims, the deva endowed him with knowledge of healing herbs and he began to pray for and heal people. In 1971 he began correspondence with a **Swami, Jyotri Mayananda** in India and received lessons on the Vedic path and healing. In 1978 he went to India to receive further tuition from the Swami. He returned to Ghana in 1979 and opened a temple in Accra in 1984. **ANSHM** is a Saivite mission, recognizing Shiva as its object of worship and devotion. Members study the Vedas as sacred scriptures and a source of esoteric knowledge. They practise Yoga as a path that enhances human capacity and leads to enlightenment and freedom. They also adhere to other cardinal doctrines of **Hinduism** such as the doctrines of **Samsara (rebirth**) and of **Karma** (**law cause and effect**).Those who wish to pursue training in Yoga or priesthood are known as a chela(s) (**learners**) and are given two years' training as celibate religious students (**brahmacarin**) even if previously married. After the two years they are permitted to marry and/or go back to a normal householder's life (**grhasthya**). At the age of 70 years, the person may take the vow of **asceticism** (**vanaprasthya**), and return to the celibate life (**though may live at home**) until death or he may choose to become a **sannyasi (wandering ascetic**) and live as a monk.

Michele Dillonin (2003) in her book "**Handbook of the Sociology of Religion"** said the links between religion and other domains of social behaviour.She finds that, while congregations embrace a traditional nuclear family model, they nonetheless make incremental adjustments in their rhetoric and routines in order to be more inclusive of the diversity of contemporary families (e.g., single-parent and dual-career families)**.**

Darren E. Sherkat (2003) in his topic **Sources of Influence and Influences of Agency** explains that The late twentieth century saw a flurry of sociological research on the religion-family connection, yet data constraints hamper progress in the assessment of how family relations influence religious beliefs and commitments and vice versa. Very few studies track both parents and children over the life course and fewer still have employed even the most rudimentary indicators of religious involvement – and only the Youth Parent Socialization.

It is typically assumed that religiousness increases in older adulthood. This view is premised on the idea that ageing confronts the individual with concerns over death and dying that increase existential crisis and threaten the person with despair (**e.g., Becker 1973**). A natural response to this involves turning to worldviews and institutions that are sources of meaning and security, and religion has traditionally fulfilled this function. The turn toward increased religiousness may be further enhanced because individuals in the post retirement period have more freetime and fewer social roles (**Atchley 1997**). It is thus assumed that religious participation should increase from the preretirement to the postretirement period only to

decline in old-old age (**eighty-five-plus**) when physical problems make it increasingly harder to attend places of worship (**McFadden 1996**).

Although it is possible that increased religiousness in older age is a strategy to try to fend off death anxiety prompted by specific reminders of mortality that become increasingly prominent from late middle age onward (e.g., the death of one's parents, spouse, or close friends, or personal illness), there are two factors arguing against this explanation. First, death anxiety tends to decline with age and older adulthood is a time when concern about death (although not about the process of dying) is at its lowest (**Fortner and Neimeyer 1999**).

Bellah and coauthors' (1985) critique of American individualism highlighted a self centered spirituality that was autonomous of the social commitments that are fostered by traditional forms of religious involvement. The social trust that for so many generations has been bolstered by the strong association between church participation, interpersonal networks, and social and community involvement is now seen as being undermined by an individualized spirituality. In other words, both highly religious and highly spiritual individuals were likely to show a deep and genuine concern for the welfare of future generations.

Michele Dillon and Paul Wink in the topic **Trajectories and Vital Involvement in Late Adulthood** explains that Americans today are living longer and healthier lives than earlier generations.Currently 13 percent of the U.S. population is aged sixty-five or over (**Kramarow, Lentzer, Rooks, Weeks, and Saydah 1999)**, and this expanding sector is experiencing lower rates of functional disability than was the case even a few decades ago. These trends and the ageing of the populous baby boom generation understandably focus attention on the factors that are conducive to purposeful and socially engaged ageing.The focus of current research is thus beginning to move beyond questions of physical health and mortality to give greater attention to the quality or character of older persons' everyday lives. In the pursuit of **"successful ageing**" some social scientists have begun to investigate characteristics that become particularly salient in the second half of adulthood such as wisdom (**Wink and Helson 1997**) and spirituality (**Tornstam 1999**).

Michael Argyle (2002) in their book **"Psychology and Religion an Introduction**" presents that Socio-Biology is the application of biological principles, particularly of evolution and survival value, to human behaviour. This has had some success in understanding human emotional expression, family relationships, and also altruism. The problem is that we do not know in these cases how much is due to innate biological factors and how much to socialisation, learning from the culture. Some altruistic behaviour can be explained by the selfish gene and related hypotheses, by saying that genes will survive better if individuals help their close kin for example. Studies of birds have found that they do indeed help close kins, and that when this happens more of the young survive. However, we do not yet know how far these principles work for humans. Altruism could also be explained by the close bonds formed with kins, or by social expectations that we should care for our relatives, and is affected by religious and other ideas in people's heads. In any case this hypothesis does not explain altruism to those outside the immediate circle of family and friends, or the complex

forms of moral thinking in which people engage, and are very unlike the mechanical responses which animal models suggest**.**

Dawkins (1991) has taken an atheistic position claiming that evolution can explain all, factors including religion. So the existence of religious beliefs and institutions would be explained entirely in terms of their survival value.

Ward (1996) argued that they are not like this at all: 'its importance [i.e. the concept of God] lies in the fact that it is essential to the rational practice of worship and prayer'.It is about seeking personal transformation, and the human concern with truth, beauty and goodness.

Peacocke (1993), in his **Gifford** Lectures, developed a way of finding co-operation between science and religion, using science to interpret theology. He sees the whole process of the emergence of life and the evolution of mankind as part of the process of creation, so that physics and biology can illuminate how this was done. It ends with the appearance of consciousness and human personality.

Thun (1963) tried to trace the later development of religion in the elderly, by interviewing sixty-five of them. There was no uniform trajectory in this group: some had had an unbroken faith since childhood, some had been converted to a different faith, and some had abandoned religion altogether. It is sometimes believed that the elderly possess some deep wisdom and dignity. From common observation of the very old this is obviously not always the case. Belief in the after-life is more widespread in the old; in one American survey 100 per cent of those over age of 90 of believed in it.

Fear of death can be a problem for those who are closer to it, but, as we shall see later, fear of death is very low in religious individuals. Other benefits of religion are also strongest for the elderly—in producing greater happiness, less depression, less loneliness and lower suicide rates. Taking part in the shared ritual and receiving the social support of the church community is a major factor here. In addition religious coping, as part of prayer, is often turned to by the elderly who are ill or bereaved and this is very successful.

Death is a universal feature of the human condition, and one which some find very worrying. There may be anxiety about dying itself, or the loss of the good things of this life, or the sheer uncertainty about what is going to happen next. This is an area where religion does provide some kind of account, and an optimistic one, although it is very vague. Most religions provide such an account and this has often been regarded as one of the main roots of religion. It is assumed that there are two steps here, first **fear of death** (**FOD**) leads to acceptance of religious beliefs about the after-life and hence about religion in general, and second this in turn leads to reduced anxiety about death. We shall consider the evidence that depicts how all this happens.

Swenson (1961) studied 210 individuals over the age of 60 and found that both church attendance and fundamentalist beliefs correlated with looking forward positively to death, saying, for example, 'It will be wonderful'. Those in poor health looked forward to it more.

People achieve this belief in the after-life and reduce their FOD in a we discussed in-a combination of religious teaching and religious experience, including near death experiences.

W.D.Hamilton (1964) discovered the principle of '**inclusive fitness'** popularised by **Dawkins (1967**) as the '**selfish gene'**. The idea is that there is a basic biological urge for animals to promote the survival of their genes, and hence to look after their children and other close kins. This has been strongly confirmed for birds and bees; for example, birds help their sisters at the nest by feeding them, sacrificing own breeding, but thus produce more birds in the next generation. It is not known how far there is any innate basis to human concern for others.

John Bond and Peter Coleman (1990) in their book "**Ageing in society an introduction to Social Gerontology"** presented that technology has changed lives, including the lives of elderly people, in the twentieth century more rapidly than in any other. Never before has technological change intruded so much into the world of work, family life, leisure, health care, religion and education.Technological change has been reported to have undesirable outcomes: increased stress due to the faster pace of work, the increased obsolescence of older workers, the displacement of older workers, the reduction of face-to-face interaction, and the weakening of family and other social ties.

John Bond and Peter Coleman (1990) in their book "**Ageing in Society-an introduction to social Gerontology"** explain that deafness is a common accompaniment of ageing, though not inevitable. The gradual deterioration in hearing ability associated with ageing is known as presbyacusis, and results from wear and tear of the cells in the inner ear which responds to sound waves. Prolonged exposure to excessive noise earlier in life, for example a noisy working environment, may predispose to hearing loss in later life.Perhaps one-third of the population over the age of 65 years suffers from a hearing impairment which can have unfavourable social consequences.

Response to widowhood vary.Most new widows and widowers experience pain: pain over being deserted, of losing a love object or at least a significant other, of grief and loneliness (Lopata,1980).Their suffering is compounded by the difficulty others have in handling death and accepting the needs of the bereaved for essential grief work.The degree of initial disorganization depends partly on the extent to which the spouses were involved in each other's lives.Beyond that,the personal and interpersonal resources of the survivor come into play(Lopata,1980).

Robin Holliday (1995) in the book **" Understanding Ageing"** in **Ageing is an adaption** said Strong powers of repair, replacement and regeneration which can in principle produce a non-ageing organism in a steady state, were replaced by the evolution of specialized features of the soma,which gradually became incompatible with replacement, repair and regeneration.It was a better survival strategy to evolve a design that allowed the organism to exploit the environment and produce offsprings, rather than to try to survive intact for long periods, or indefinitely.Once the mortal soma had appeared in diverse taxonomic groups, then of course natural selection could modulate the balance between reproduction and somatic

maintenance.In different contexts, longevity increased during evolution, or it may have decreased.

Margret M.Baltes in their book **"The Many faces of Dependency in old age"** explains that the economic factor has been considered the most frequent social or extrinsic cause for dependency in old age.When such economic dependency exists, be it with regard to the elderly, handicapped, or mentally retarded adult, the poor, or the prisoner, the state or social services or relatives assume the posture of parents.

S.Irudaya Rajan, U.S.Mishra and P.Sankara Sarma (1999) in their article **"India's elderly: burden or challenge?"** explain that the disadvantaged feeling is a state of mind and is more or less person-subjective. On this issue, they elaborated the lack of respect for the elderly among the youngsters which they blame on the society as a whole.Society's outlook towards the elderly makes them feel useless and it leads to the question of whether the elderly is a burden or asset to the society.On this question of taking care of the elderly at later age, all participants felt that the services of the elderly should be recognized and the society is morally responsible to take care of them. Old age homes are preferable compared to staying alone or having to face the neglect of the family members.The respondent prefers the old age home for having the company of contemporaries.

Similarly in hospitals, one can find specialists for children, mothers, as well as specialists like cardiologists, ophthalmologists, ENT specialists and gynaecologists, etc.But there is no provision of a specialist to treat geriatric cases, besides the provision of geriatric wards in some of the urban hospitals.Also, there seems to be not much research on the peculiarity of geriatric disorders for introduction of separate treatment.

John Vincent (2003) in his book "Old Age" explains the most significant change in modern society lies in its age structure. The period starting from about the last third of the twentieth century has seen the development of new kinds of societies in which one-fifth to a quarter of the population are retired, where fewer babies are born than are required to sustain the size of the population and which see most people living until they are over 80 years of age. There is a strong case that the essential, archetypical characteristic of the modern condition is that of old age.

Hence societies with older populations are sometimes denigrated as being tied by tradition, unproductive, lacking in innovation and even tending to 'senility'.

Loss of 'power' has psychological and social status implications and these are experienced as the same, and expressed with the idea of loss of energy. The onset of physical dependency can be associated with a psychological sense of loss of energy as the elderly person takes less responsibility for family decisions. This leads to a diminished ability to take the initiative in determining collective behaviour. The accompanying loss of fully adult status, namely becoming a dependant, means loss of social power.

He also examines issues ranging from the social construction; diversity and identity of old age to areas of social conflict over population, pensions and the medicalisation of old age.It

refers to the timing and sequencing in some specified process. With human beings, it is ageing which gives the individual's life its rhythm, and links the duration, timing and sequence of stages in life. It is the social sequencing of the stages that creates the category 'old age' and gives the life course its meaning.

According to **Dr Indira Jai Prakash (2016)** widowhood in India is regarded as '**social death'**, with constraints on dress, diet and public behaviour that isolate women. Her research indicated that households headed by widows suffer dramatic decline in per capita income and that the mortality risk of widowhood was higher for women than for men. It is suggested that among basic causes of widows' vulnerability in India are the restrictions on residence inheritance, remarriage and employment opportunities.

A particularly good view of the changing conditions of older people, especially those living at the more deprived end of the social spectrum, may be derived from the work of the research team of **Phillipson, Bernard, Phillips and Ogg** based at the University of Keele.In the late 1990s they looked again at communities that had been studied in the 1950s in previous classic sociological research on older people. They studied communities that experience a high degree of deprivation and which were located in dense inner urban areas. Their findings tell us a lot about both the changes in British society over the past fifty years and the condition of old age. The Keele team found that there is some important continuity from the past and that, contrary to many common preconceptions, family and kinship remained strong. They suggest that kinship ties have stood up well to the developments affecting urban societies over the past fifty years. Their re-study was conducted in areas that previously had been found to have very strong family and kinship ties. The original studies found that older people defined their lives largely in the context of family groups. These relationships had changed but had done so in ways that are recognisable as common patterns elsewhere in Britain.Most older people are connected to family-based networks which provide many different types of support.Although the incidences of multigenerational families living together have declined, crucially there are still mutual patterns of support within families and kin.

Gail Wilson (2006) discusses the impact of globalisation on older people.She asks how the relations between states and markets, between paid and unpaid work and between young and old and men and women affect the position of elders. She suggests that these changes make life easier and are, on balance, beneficial to elders in countries where pensions are adequate, but they lead to increased poverty and marginalisation when pensions are low. She argues cogently that globalisation and in particular the spread of market forces have highly differential impacts and older people cannot all share in the general improvements. They are exacerbated, for example, where there are significantly different consequences for men and women. There is a general tendency for markets to produce inequalities. Older people's status, prestige and access to resources are likely to be based on other social institutions than the market, and family and community are obvious examples. Older people have little market power, so that as market-based allocation of resources comes to predominate through globalisation, so older people lose out. Further, there are costs associated with the loss of

community which result from the spread of market-based relationships; these costs are frequently borne by older people.

Satoshi Fujita and Elena Volpi (2004) in their article **"Nutrition and sarcopenia of ageing"** presented that Sarcopenia, the loss of muscle mass and function with ageing, is a multifactorial condition that slowly develops over decades and becomes a significant contributor to disability in the older population. Malnutrition and alterations in the muscle anabolic response to nutritional stimuli have been identified as potentially preventable factors that may significantly contribute to sarcopenia. Ageing is also associated with a progressive loss of physical independence, which significantly worsens the quality of life. A fundamental cause of and contributor to disability in older individuals is the involuntary loss of muscle mass, strength, and function (sarcopenia) (**Evans, 1995; Lexell, 1995; Roubenoff & Castaneda, 2001)**. Sarcopenia increases the risk of falls and vulnerability to injury and, consequently, can lead to functional dependence and disability (**Wolfson et al. 1995; Tinetti & Williams, 1997**). A decrease in muscle mass and function can also lead to a reduction in physical activity, which may have possible metabolic effects including decreased bone density, obesity and impaired glucose tolerance (**Dutta & Hadley, 1995; Evans, 1995**). It has been shown that a loss of approximately 3–5 % of muscle mass per decade occurs after the age of 30 years, although this decline is higher after the age of 60 years and older (**Holloszy, 2000; Melton et al. 2000**). It has been shown that ageing is associated with a progressive reduction in food intake, which predisposes to energy protein malnutrition (Morley, 1997). Nationwide studies in the USA have suggested that low dietary energy intake is common among healthy elderly adults (**McDowell et al. 1994**). A number of factors including neurophysiological (for example, anorexia), psychological (for example, depression), social (for example, loneliness) and physical changes (for example, poor dentition) may determine both a reduction in food intake and changes in food preference with an increased predilection for sweet, protein-poor foods (**Morley, 1997**).

Jibum Kim, Jeong-han Kang, Min-Ah Lee, and Yongmo Lee (2007) in their articles "**Volunteering Among Older People in Korea"** opined that Koreans are ageing as rapidly as the Korean economy grew after the **Korean War (1950–1953**). Experts project that Korea will have the fastest increase in the older population in the world (from 7% in 2000 to 14% in 2020; **Kinsella,** 2000) and one of the lowest fertility rates (1.16 in 2004). This dramatic population ageing makes volunteerism a particularly timely subject for investigation. Interest in formal volunteerism in Korea has been relatively recent, if we define formal volunteering as unpaid work, arranged by organizations or conducted in organizations, that benefits others who are not neighbours, friends, or kins (**Harootyan, 1996; Mutchler, Burr, & Caro, 2003; Wilson & Musick, 1997**).

First, Korean elders are not typically well equipped with human capital that would contribute to their volunteering. For instance, 69% of men and 94% of women did not graduate from high school, and 54% rated their health as poor or very poor. Second, religious values such as cultural capital (**Wuthnow, 1991**) are not well developed in Korea. Korean folk religions acknowledge many gods; people do not necessarily revere these gods, but they often invoke them as a means to solve current problems or to achieve present desires (**Yim, Janelli, &**

Janelli, 1989). This traditional religion is the substrate upon which all successive religions in Korea have built upon, even though each religion dominated certain historical periods in succession **(Grayson, 2002).**With regard to social capital, older adults who lived alone or with a spouse only were more likely to volunteer than those who lived with both spouses and children.

Tim Slack and Leif Jensen (2008) in their article **"Employment Hardship among Older Workers: Does Residential and Gender Inequality Extend into Older Age?"** explained that Common images of the elder years being a time of retirement and leisure neglect the considerable prevalence of employment among older Americans. At the microlevel, the reasons why older people work vary, but considering the relatively high incidence of poverty spells among elders, for many it is likely a matter of economic necessity. This is perhaps particularly true in the current context, when the risk associated with retirement benefits is increasingly shifting from employers to workers.Health care costs are rising rapidly, and reforms to ensure the solvency of important entitlement programs for older Americans (**i.e., Social Security and Medicare**) are inevitable. At the macrolevel, in an era when people are living longer than ever before, nonwork and underemployment among older people come at an increasing social cost. This cost comes in the form of lost productivity and tax revenue, as well as public spending on entitlements to support older people after retirement.

Quadagno and Hardy (**1996**) noted that in such a context the very distinction between voluntary and involuntary retirement becomes quite blurry.To sum up, although economic change has fueled increasing attention to the labor market circumstances of younger workers, there is reason to believe that impacts particular to older workers have occurred as well.

Laura L. Carstensen, Mary E. Rosenberger, Ken Smith, and Sepideh Modrek (2015) in this article **"Optimizing Health in Aging Societies"** points out ageing societies reflect a triumph of science and technology over premature death. In less than a century, technological and medical advances-coupled with large-scale public health efforts that improved sanitation, purified waterways, and increased safety—led to substantial improvements in the health of the U.S. population.

Rob Vos, Jose Antonio Ocampo and Luiza Cortez (2008) in their article **"Ageing and Development"** said that ageing will be a dominant theme in the twenty-first century. Population ageing is probably one of the major achievements of modern societies. Ageing will also provide new opportunities, associated with the active participation of older generations in the economy and society at large. In countries with a still growing and younger workforce, primarily those in the developing world, there may be a window of opportunity for accelerated economic development. Often people are considered old not just because they are thought to be nearing the end of their expected lifespan but also because they undergo certain changes in their social roles and activities.

They also opined that the fact that older persons increasingly live alone is putting heavier pressures on formal systems of long-term care and income support for older persons. Informal mechanisms (larger based on family support) have come under stress as well. It said

that in developing countries where older persons are not insured against health risks or do not have access to formal systems of old-age income protection,a universal social insurance mechanism providing a minimum pension benefit could overcome the risk of poverty at old-age.

A.Mahajan (1987) in his book **"Problems of the Aged in Unorganized Sector"** found that the general assumption that the elderly in India, by and large, are looked after by their families does not hold good in their case. The elderly poor are mostly drawn from the unorganized sector of the economy which hardly provides a living wage to its workers let alone any financial security for old age. The younger members of the poorer households, living on the margin of subsistence themselves, can ill-afford the burden of looking after their elderly relatives. It is no wonder then that merciful death overtakes the elderly poor much earlier than it strikes their counterparts in the well to do sections. As recognition of the miserable lot of the elderly poor the various State Governments have introduced modest and restricted schemes of old-age pensions.

A.Mahajan further notes that an interesting aspect highlighted by this study is the fact that many of the elderly poor are not totally incapacitated to earn their livelihood. Since they were accustomed to do only physically taxing manual work they become unfit for such work in old age because of their diminishing strength.They are rendered unemployed just because other avenues of lighter work are not available to them. Such a situation raises the possibility of harnessing the productive potential of the elderly poor for their own development as well as for the good of the country. A country with scarce resources such as ours cannot afford to fritter away the valuable resources which the elderly, including the elderly poor, represent.In the traditional Indian society the old persons occupied position of prestige, privileges and power.It was believed that, with age, man acquired knowledge and experience and with his variegated life experiences would help the younger generation in a number of ways.The varna-ashrama-dharma scheme of life also associated honour and respect to the old persons.The '**Grihya Sutras'** ordained filial piety.Such religious dictates gave the old persons in the Indian society authority, security and honour and enjoined upon the son to look after his old parents.Failure on the part of sons was considered a serious demerit and earned social opprobrium.Such a system provided economic, social and emotional security to the aged.

Dr. A.Mahajan suggests that economic needs are the most crucial problems of the poor aged. In discussing the economic aspect of ageing the subjects of economic roles, economic status and policy issues can be separated for convenience. The economic roles of the elderly are important in a variety of ways. They determine possible income flows, they establish the individual in the society and they involve meaningful use of time.

In **Ruby Sain's (2018)** book **"Contemporary social problems in India", Mallarika Sarkar (Das)** said in her topic titled **"Elder Abuse and Neglect"** that elderly people are abused in two ways which are financial and material abuse. They are faced by the illegal or improper exploitation or use of funds or resources of the older people. Examples include but are not limited to, cashing an elderly person's cheques without his authorization, forging an older

person's signature, misusing or stealing an older person's money, coercing or deceiving an older person into signing any document.

Mallarika Sarkar (Das) (2018) further pointed out that the socio-economic problems that stem from modernization and conclude that in modern society, the younger generation follows individualistic values, consumerist outlook, and materialistic views and often do not share the same values as their elderly parents. These social changes may lead to disengagement of the aged persons from the community life, thereby making them a vulnerable group. Due to modernization and urbanization, children are busy with their lives and work and have no time to spend with their elders. Lack of concern of family members in case of the elderly also contributes to the feeling of being abused. Virtually all the respondents believed that weakening of the traditional cultural norms and the negative attitude of the young generation towards the old made the elder abuse more rampant in our society. The elderly feel that abuser might discontinue his relation once accused. Lack of awareness on the part of elders towards taking a legal action against their own people appeared to be another important reason behind the scenario. Most of the elderly felt that abuse is viewed as a 'family problem' and not a 'societal problem' and try to justify it, blaming it on the changing value system. It also said that social isolation, one of the risk factor leading to a higher prevalence of elder abuse, can be avoided by empowering the older adults and letting them play an active role in society. Participation in community life can on one hand prevent social isolation; on the other hand it can enhance the intergenerational understanding between the older persons and younger generations. The elderly of today as well as the future deserve a dignity and ageing is to be celebrated.

Sarah Harper in her book **(2006)"Ageing Societies: myths, challenges and opportunities"** suggested that the forecast dependency ratio is not due so much to the presence of large numbers of older people who are unable to work because of their age, but labour markets which have used retirement as a regulating mechanism in times of labour over-supply, and pension systems which have allowed healthy active individuals to withdraw from economic activity. It may be seeing an increase in alternative family structures, and the widespread provision of public forms of care, but there is little evidence that kins do not continue to ensure that their family members are cared for and supported. Indeed, the ageing of the developing world is the real demographic challenge which will face one billion older adults within 30years, with little or no infrastructure to provide long-term care, or public social security.The proportion of National Health care expenditure allocated to the older age groups has decreased over time. The author points out that this leveling out of expenditure allocation is mainly a result of moving costs away from the older population for non-acute hospital care. They argue that the different patterns of cost-change for different age groups among the health care. Sectors reflect differening health service needs of the different age groups, different patient management schemes in the different sectors, decreased access to care for older patients and a shifting of older patients from non-acute hospital and community health services to other social care settings such as residential and nursing homes.In reality, it is the developing countries that are truly facing the massive challenge of unprecedented ageing. While the industrialized countries do have the social and economic infrastructure to support

those frail and dependent elderly people who are unable to support themselves economically, albeit one that needs to be modified, developing countries are confronting a rapid expansion of their older populations with few or no public institutions or regimes to support them.

Dr.P. Shankar Rao (2012) in his book **"The Senior Citizens Their problems and Management"** said that the rising trend of the population of aged people is due to increase in longevity and decrease of death rate, brought about by improvement in health standards. More and more people now stay healthy and lead a longer life,with the result,average expectation of life at birth has increased and presently stands at 68 years in India and 74 years in developed countries.The problem of increasing number of elderly in the society can be solved only by a compromise from both the sides,the elderly and the young.The society must recognize the needs and problems of the elderly and help them in getting a steady decent level of income, free medical service, concessions on consumer goods, spectacles, hearing aids, dentures, travel by rail, road and air, recreational facilities like libraries etc, and community living.

Tony Warnes (2006) in his article **"Understanding vulnerabilities in old age"** explains that the concept of vulnerability has a long history, especially in studies of natural disasters, social development, epidemiology and famine, but it has rarely been applied systematically to the study of ageing. Perceptions of older people as a 'vulnerable group' were of course common in early thinking on ageing and persist in certain stereotypical media portrayals. Most current research rightly criticises blanket assumptions of older people's dependence and vulnerability.

Jo Harrison (2008) in his article "**Women and Ageing: Experience and Implications**" views that the general tendency for women to marry men older than themselves, as well as the higher life expectancy for women, results in a situation where not only are most of the elderly female, but most of these are widows and living alone. Limited attention has been paid to the specific situation of elderly women by researchers.

R.Hariharan and N.Malathi (2012) in their book **"Health Status and Economic Security of the Aged population"** observes that population has been increasing much faster in developing countries, due to rapid mortality decline. In India, the pace of demographic and structural changes has been so quick,that there has not been enough time to develop the new social infrastructure required for population ageing.The aged persons living in nuclear families are forced to participate in income generating activities to maintain livelihoods as well as they are likely to save some money for emergencies.

There are different schemes or various services including old Age Homes and Mobile Health Units, Micro credit programmes, income generating activities through NGOs, formation of self-help groups for aged.It suggested that there is a need for issue of Identity cards to Senior citizens, creating awareness training or Geriatric care givers by NGOs, providing an ambulance to the old age homes run by State Government.

Barbara L. Marshall and **Momin Rahman (2015)** in their article **"Celebrity, ageing and the construction of 'third age' identities"** tried to investigate that celebrity as a point of

articulation between consumer culture and the reconfiguration of ageing lifestyles and identities in contemporary culture – described by cultural gerontologists as the 'Third Age'.

Barbara L.Marshall and **Momin Rahman** further presented that it is axiomatic that the modern celebrity serves the commodity culture of capitalism through its promotion of consumer desire and in providing consumers with 'compelling standards of emulation' the ageing of celebrities is not necessarily a threat to this role since 'the fan base ages with them, so that celebrities function not only as objects of desire but as objects of nostalgia that can be further commodified by the market' (2001: 189).

Kim Boudiny (2013) in his article **"Active ageing: from empty rhetoric to effective policy tool"** stated out that 'Active ageing' is a topic of increasing attention in scientific and policy discussions on ageing, yet there is no consensus on its actual meaning. The current paper proposes a detailed classification of various definitions that have been used since its introduction. These definitions are subjected to critical investigation, and subtle differences with regard to such terms as 'healthy ageing' and 'productive ageing' are clarified. Bearing the hazards of previous definitions in mind, a comprehensive strategy is initiated. Given that earlier definitions have tended to exclude frail older adults, this strategy pays particular attention to the translation of the active-ageing concept to situations of dependency by centering on three key principles: fostering adaptability, supporting the maintenance of emotionally close relationships and removing structural barriers related to age or dependency.

Marion E. T.Mcmurdo,Helen Roberts,Stuart Parker,Nikki Wyatt,Helen May, Claire Goodman,Stepen Jackson,John Gladman,Sinead O'Mahony,Khalid Ali, Edward Dickinson,Paul Edison,Chris Dyer (2011) in their article **"Improving recruitment of older people to research through good practice**" there is widespread evidence both of the exclusion of older people from clinical research, and of under-recruitment to clinical trials. This review and opinion piece provides practical advice to assist researchers both to adopt realistic, achievable recruitment rates and to increase the number of older people taking part in research.The value of planning and logistics are outlined, and approaches to optimising recruitment in hospital, primary care and care home settings are discussed, together with the challenges of involving older adults with mental incapacity and those from minority groups in research. The increasingly important task of engaging older members of the public and older patients in research is also discussed. Increasing the participation of older people in research will improve the generalisability of research findings and inform best practice in the clinical management of the growing older population.

Anthropologist Joseph Tobin (1987) claimed in his article that "**The Mirror of Japan: Ageing citizens, ageing societies"** hold up the idealized image of Japan as a mirror, both to reassure themselves that there is a postindustrial society in which elders are respected and to criticize American society for failing to do the same, regardless of the reality of ageing in Japan.

W. Daniel Hale, and Richard G. Bennett, in their article **"Addressing Health Needs of an Ageing Society through Medical–Religious Partnerships: What Do Clergy and Laity**

Think?" (2003)found that Health care systems and other organizations interested in addressing health needs of older adults can look to religious institutions for assistance in providing the information and support patients and family members need to prevent or minimize the impact of chronic illnesses.They presented that the ageing of the American population is creating major challenges for health care systems. One of the most significant challenges is the increasing prevalence of chronic conditions (Institute for the Future, 2000).

John A.Vincent (2006) said that **"Ageing Contested: Anti-ageing Science and the Cultural Construction of Old Age"** reveals that **recent** developments in the fundamental science of biological ageing have raised the possibility of extending the human lifespan.In the modern West, the culture that performs that function is framed by science. Recent scientific interventions have achieved dramatically increased longevity in nematode worms, fruit flies and mice. It is suggested that these experiments open the possibility of a greatly extended human lifespan. He examines contests within bio-gerontology as to the nature of ageing, identifies the methods through which old age is constructed by reference to particular kinds of knowledge and thus considers the impact of the culture of science on the contemporary meaning of old age. 'Bio-gerontology' is the science of the biological ageing.

Monika Wilinska (2012) in her article **"Is There a Place for an Ageing Subject? Stories of Ageing at the University of the Third Age in Poland"** notes that The University of the Third Age (U3A) is an organization widely recognized for its achievements in the field of adult education. However, little research to date has addressed the position of the U3A in the context of the societal discourse on ageing. The aim of this study was to examine stories of ageing told by the U3A in Poland and to place these stories within the contemporary discourse of ageing. The study sought to reflect on the role of the U3A in providing an environment that encourages the growth of an ageing subject. The results of this study indicate that rather than resisting ageist discourses, the U3A simply rejects the idea of old age. The U3A characterizes its members as exceptional people who have nothing in common with old people outside the U3A. Therefore, the U3A plays only a minor role in changing the social circumstances of old people in Poland.

Elizabeth Fussell (2002) in her article **"The Transition to Adulthood in Ageing Societies"** notes that population ageing and the delay in family formation that are occurring in industrialized countries are intimately related. Young adults are spending more of their early twenties attending school and focusing on employment, and they are postponing marriage and childbearing until their late twenties and early thirties. In sum, they are having fewer children later in life, and in doing so, they contribute to the ageing of the population. Some argue that population ageing results in lower public and private investments in children and greater public expenditures on the elderly.

Elizabeth Fussell (2002) concluded that the major problem associated with population ageing is accommodating the economic costs associated with a larger older population. These costs include paying public pensions through the prolonged period that the retired population spends outside the labor force, the ability of families to care for ageing parents in personal and financial terms, and the heavy demands that older people place on health care systems.

Michael J. Annear, Junko Otani, Joanna Sun (2016) in their article "**Experiences of Japanese aged care: the pursuit of optimal health and cultural engagement"** stated out that Japan is a super-ageing society that faces pressures on its aged care system from a growing population of older adults. Naturalistic observations were undertaken at eight aged care facilities in central and northern Japan to explore how aged care is configured. Four aspects of contemporary provision were identified that offer potential gains in quality of life and health. The Japanese government mandates that aged care facilities must employ a qualified nutritionist to oversee meal preparation, fostering optimal dietary intake. A concept of life rehabilitation seeks to maximise physical and cognitive performance, with possible longevity gains. Low staff to resident ratios is also mandated by the Japanese government to afford residents high levels of interpersonal care. Finally, Japanese facilities prioritise experiences of seasonality and culture, connecting frail older people to the world beyond their walls.

Edward Britton and John T.McLaughlin min (2013) their article **"Conference on 'Malnutrition matters' Nutrition Society Symposium: Muscle wasting with age: a new challenge in nutritional care; part 1 – the underlying factor Ageing and the gut"** stated that the goal of this brief review is to address the role of the ageing gut in the genesis of malnutrition in the elderly.They assess the burden of malnutrition in the elderly, exploring the role of comorbid conditions and neurohumoral changes that take place to contribute towards the process of anorexia associated with ageing.

Fiona Carmichael and **Marco G. Ercolani (2014)** in their article **"Age-training gaps in the European Union**" stated the relationship between age and training in the European Union countries that were member states prior to the enlargement.They show that across the EU not only are older people less likely to participate in training in general but, more importantly, they are less likely to participate in work-related training.

Irene A. Gutheil in his article **"Introduction: The Many: Challenges Faces of Ageing for the Future**" researched that **Silverstone's** article provides a psychosocial profile of tomorrow's older people. She bases her predictions on knowledge about the older people of today, the younger people of today (who will become tomorrow's older people), and the ways both groups have adapted over time. Her picture of the older people of tomorrow integrates several important facets, capturing the diversity of the population and the challenges it will face ending with implications for social work, **Silverstone** emphasizes that the demands on the profession will increase in the future, as our clients redefine ageing and the ageing process.

Susan O.Long (1998) in his article "**The Mirror of Japan :Aging Citizens,Aging societies"** presented that Americans, hold up the idealized image of Japan as a mirror ,both to reassure themselves that there is a postindustrial society in which elders are respected and to criticize American society for failing to do the same, regardless of the reality of ageing in Japan fortunately, our state of knowledge of ageing in Japan has come far since the days in which the image of the "honorable elders" was accepted uncritically by gerontologists

Johannes Siegrist (2005) in his article "**Ageing societies-new priority for public health research?**explains that population ageing, caused by longer life spans and low fertility rates, and has changed the demographics in Europe and around the world. Older people not only are becoming a larger portion of the population, but also face a prolonged period of life in which a majority is relatively healthy, especially so in the 'third age' that ranges typically from the mid-50s to the early 80s. Nevertheless, ageing is associated with increased risks of chronic disease and impaired functioning. This fact results in challenges to health-care systems, prevention activities and social policy regulations. In this context, fresh evidence derived from public health research on the maintenance and promotion of health in older populations is clearly needed.

Tesshu Kusabaa,Kotaro Satoa, Shingo Fukumab, Yukari Yamadab, Yoshinori Matsuia, Satoshi Matsudaa, Takashi Andoa, Ken Sakushimae and Shunichi Fukuharab (2016) in their article **"Influence of family dynamics on burden among family caregivers in ageing Japan"** indicated that Long-term care for the elderly is largely shouldered by their family, representing a serious burden in a hyper-aging society. However, although family dynamics are known to play an important role in such care, the influence of caring for the elderly or burden among caregiving family members is poorly understood.

W. Daniel Hale, and Richard G. Bennett,(2003) in their article "**Addressing HealthNeeds of an Aging Society through Medical–Religious Partnerships: What Do Clergy and Laity Think?"** reveals that the ageing of the American population is creating major challenges for health care systems. One of the most significant challenges is the increasing prevalence of chronic conditions (Institute for the Future, 2000). Currently, more than 100 million Americans are estimated to have chronic conditions, and this number is expected to rise to 148 million by 2030 (Hoffman, Rice, & Sung, 1996). Because responsibility for the day-to-day management of most chronic conditions rests largely with patients and their families, medical institutions committed to improving the health of their communities must develop programs that engage older adults, their families, and caregivers and that provide the ongoing information, motivation, and support needed to manage chronic conditions.

A.L. Morgan and R.S .Kunkel (2015) in their article **"Aging, Society, & the Life Course"** suggested fascinating perspectives on the family life cycle theory to illustrate how the family relationships and dynamics change as one's dependence on the family change. It was interesting to note the family life has evolved significantly. From a time of high fertility, births clustered fairly closely together with low divorce rates, to the contemporary variations in having both teenager and preschoolers at the same time, childlessness, divorce and remarriage, or single parenthood. A shifted attention to family dynamics on transitions experienced rather than assigning them to particular stages may be more relevant to our current social context. It also highlights important research gaps on familial roles and relationships as one age, such as those between siblings and parent-child relationships.

Vincenzo Galasso and Paola Profeta (2004) in their article **"Lessons for an ageing society: the political sustainability of social security systems**" examined that ageing tends to increase the proportion of retirees and reduce the proportion of workers. As more people

draw from the pay-as-you-go (PAYG) social security system and fewer individuals contribute to it, our ageing society will hardly be able to honour its commitment to pay social security benefits to future retirees. Unless productivity increases fast enough to compensate for the negative demographics or an even larger financial burden is placed on the working generations, current PAYG systems will soon become financially unsustainable, since contribution revenues will not be sufficient to cover the pension benefits awarded under the current rules.

Karen West,Rachel Shaw, Barbara Hagger and Corol Holland (2016) in their article "**Enjoying the third age! Discourse, identity and liminality in extra-care communities**" viewed that Extra-care housing has been an important and growing element of housing and care for older people in the United Kingdom since the1990s. Previous studies have examined specific features and programmes within extra-care locations, but few have studied how residents negotiate social life and identity. Those that have have noted that while extra care brings many health-related and social benefits, extra-care communities can also be difficult affective terrain. Given that many residents are now 'ageing in place' in extra care.

Nancy Van Ranst and Alfons Marcoen (2002) in their article **"Exploring Existential Meaning: Optimizing Human Development across the Life Span Structural Components of Personal Meaning in Life and Their Relationship with Death Attitudes and Coping Mechanisms in Late Adulthood"** observed that In old age life's end is inevitably approaching. As older adults come closer to the end of their own life, they are also frequently confronted with the passing of familiar others and loved ones. Death and finitude are important themes of life in late adulthood and old age.

Peter Uhlenberg (2009) in his article **"Children in an Ageing Society"** presented that in recent decades, there has been a graying of the federal budget, and programs for children have received a declining proportion of domestic spending. These trends will be exaggerated between 2010 and 2030 unless structural changes occur. Grandparents may provide increasing resources for their grandchildren. Age segregation results in relatively few older people being directly involved with children not related to them by kinship. The implications of population ageing for children are relevant primarily for disadvantaged children. Disadvantaged children have grandparents with fewest resources and are most in need of public spending. As costs of supporting the older population increase, intentional social changes will be needed to prevent growing inequality among children.

Naoko Muramatsu and Hiroko Akiyama (2011) in their article **"Japan: Super-Ageing Society Preparing for the Future"** points that Japan is enjoying the highest life expectancy in the world with relatively low health care costs (7.9% of its gross national product spent on health care compared with 16% in the United States). Under the universal Long-Term Care Insurance System, people aged 65+ years are entitled to receive long-term care if determined to have care needs. Despite this seemingly rosy picture, Japan faces major challenges stemming from simultaneous population ageing and population decline. Japan precedes other countries in experiencing a "super-ageing" society not only in rural but also in urban communities. Japan's experience could provide lessons from which other countries might

learn. First, recognizing population ageing as a critical societal issue for the past two decades, Japan has implemented a number of policies. For example, to contain skyrocketing long-term care costs, Japan incorporated disability prevention services into long-term care benefits in 2005 and is exploring effective ways to maintain older adults' functional abilities and promote independent living. The marriage of new technology and traditional wisdoms hold promise. Third, high labor force participation among Japanese older adults can provide insights for ageing societies. Anticipating a society where one of three people is aged 65+ years, Japan is implementing policies to encourage older adults to engage in productive activities.

Laura N. Gitlin and **Patricio Fuentes (2012)** in their article "**The Republic of Chile: An Upper Middle-Income Country at the Crossroads of Economic Development and Aging"** notes that finally, another recent and pressing concern is "occupation" in the broadest sense of the term. As job opportunities favour younger adults, age discrimination is normative. Similarly, access to participation in meaningful activities can be challenging for older adults in Chile. In Santiago, the city is divided into provinces with each responsible for organizing events for older adults. Provinces with more resources offer enhanced activities including travel opportunities, free exercise facilities, and opportunities for social engagement. A rising concern, however, is the lack of meaningful opportunities to remain socially and economically integrated as one enters old age in Chile. Not surprisingly, there has been a rise of mental health issues and in particular, depression.

Wim J. A. Van Den Heuvel (2015) in his article **"Value Reorientation and Intergenerational Conflicts in Ageing Societies"** presented that the ageing of societies is a unique historical development of mankind. Today, such ageing is recognized as a threat for developed societies. There is fear of increasing inequality in health and in access to health care. Apart from the costs of ageing and care, such fear creates intergenerational conflicts and the social position of the old citizens and the way in which they are regarded by their fellow citizens. European welfare states were based on a balanced combination of three values: freedom, equality, and solidarity. Because these values are misbalanced now, equal accessibility of care and conditions for social participation are disappearing.

Nevertheless, providing and paying for long-term care still remains an important policy issue.Policy measures which seek to strengthen informal as well as formal care arrangements, and media reports about violations of moral codes in long-term care institutions and of patients, as well as the much discussed shortage of (qualified) care personnel, illustrate the situation of acute need that has arisen in various developed countries.

Muttur Ranganathan Narayana (2011) in his article **"Lifecycle Deficit and Public Age Reallocations for India's Elderly Population: Evidence and Implications Based on National Transfer Accounts"** found that using the computational framework of National Transfer Accounts, offers new results and explanations on the role of public support to India's elderly population in 2004-05. New results refer to computed (a) lifecycle deficit (LCD) based on age profiles of aggregate labour income and consumption and (b) public age reallocations based on age profiles of transfers and asset based reallocations. The results

show that the LCD of elderly population is about 34% of the LCD of all ages, or 3.74% of GNP. Surprisingly, net public transfers to elderly individuals are strongly negative and asset-based allocations are financed by dissaving, because the taxes paid by the elderly population substantially exceed the benefits they receive and they pay both interest on previously accumulated public debt and paying off that debt.

Elisa Tiilikainen and others (2016) in their article **"Lost and unfulfilled relationships behind emotional loneliness in old age"** said that, the experiences of emotional loneliness are embedded in the everyday lives and relationships of older adults. Ten in-depth interviews were conducted in 2010 with older people who reported feeling lonely, often or all the time, during a cohort study in southern Finland.There search reveals the multifaceted nature of loneliness and its causes. Behind emotional loneliness, we identified lost and unfulfilled relationships, involving the loss or lack of a partner, the absence of a meaningful friendship, complex parenthood and troubling childhood experiences. Most of the interviewees have faced loneliness that only began in old age, but for some, loneliness has been present for nearly a lifetime.

Shlomit Manor (2016) in his article "**Trying to be someone you can never be again: retirement as a signifier of old age"** viewed that work occupies a central place in identity formation. Consequently, retirement places retirees in a new reality that compels them to redefine themselves and adopts a new identity.Retirees shape their identity in the absence of work. An interpretive analysis of in-depth interviews conducted with retirees in Israels that although retirement and old age are not necessarily equivalent or interconnected, the retirees themselves draw parallels between themselves, and at the same time also deny this linkage, preferring to draw a distinction between them. The findings reinforce the argument presented in the literature, namely that in contemporary society it is difficult to identify with old age. They also propose a new perspective that reveals the negotiation retirees conduct with old age, age and body, and how identity is shaped by way of denial.In this negotiation the retirees construct their identity around two central, parallel axes: retirement and old age. It further emerges that it is precisely the efforts to mask and repress old age, which are usually made in the body domain, that attest to the existence and presence of old age in their identity. Denial of old age creates a dynamic, hybrid identity that enables retirees to simultaneously accept and reject old age.

Retirement was virtually synonymous with old age and the final chapter in the cycle of life. Today, in light of the increase in life expectancy and due to technology, the gap between chronological and functional age is increasingly widening, making it difficult to define who is considered old and at what age,old age begins.

Alan Walker (1980) in his article **"Towards a Political Economy of Old Age"** opined that the elderly have been treated as a homogeneous group facing common problems. In contrast, an approach to ageing based on political economy will examine the relative social and economic status of different groups of elderly people as well as the relationship between the elderly and younger generations. Thus it is argued that poverty in old age is primarily a function of low economic and social status prior to retirement and the depressed social status

of the retired, and secondarily, of the relatively low level of state benefits. Social policies which have failed to recognize inequality in old age and the causes of low economic and social status have therefore failed to tackle the problem of poverty and low incomes. The starting point for policy-makers should be the labour market and the social relationship between age and the labour market.

Sheeba Khalid and Ruby Sain (2016) in their book **"Ageing among the Muslims"** explore that Psychological ageing is studied in terms of change in the nervous system and it consists of general decline in the mental abilities that accompany old age.The most outstanding psychological features of ageing are the impairment in short term memory and lengthening of the response time.It also includes the attitude and behaviour of others towards them.The older persons face change in their previous roles or positions due to change in their cognitive,conative and other abilities.As older people become aware of their incompetencies, they begin to revise their ideas about themselves.They also have to start coping with reduced income, change of status, loss of friends and spouse and lastly their waning physical health.Psychological changes accompany the passing of years, slowness of thinking, impairment of memory, decrease in the enthusiasm,increase in cautiousness and the alternation of sleep pattern.

In an article published in **The Telegraph** (by **Debraj Mitra**, dated September 10,2020) it was brought to public knowledge that Senior citizens brave sun and showers, some fall sick as Covid norms restrict entry into branches.A 79-year –old pensioner collapsed on the road while waiting in a snaking queue outside a branch of a nationalised bank in Serampore, in Hooghly district , on Tuesday.He had been standing for 40 minutes. Another septuagenarian visited a nationalised bank's Dunlop Bridge branch twice in the past five days to withdraw her pension.She returned empty-handed on both days, the queue reminding her of the "mad rush during demonetisation". Strict enforcement of social distancing protocols inside branches has made life miserable for customers, many of them senior citizens, who have to wait for hours outside.Serpentine queues are visible mostly outside nationalised banks,where senior citizens usually keep their savings.The rush is felt more in the first and last week of every month, when pension is disbursed.Only a handful of people are being allowed inside at a time-depending on the size of the branch, its staff and the number of counters.The are having to brave the sun and occasional showers for a considerable period of time outside.The sweaty conditions typical of the monsoon have made things worse.

In an article named "**Ageing nation and more job seekers by 2036**" published by **The Telegraph** (by **Basant Kumar Mohanty**, dated September 10,2020) it was brought to public knowledge that India is set to become an ageing nation by 2036 and the number of people seeking jobs will grow incrementally in the intervening period, a government report has said.The "**Population Projections For India and States**", a report prepared by a technical group set up by the Union health ministry, shows that the median,or average,age of the country's population will increase to 34.7 in the year 2036 from 24.9 in 2011,when the last census was conducted.Worldwide, an average population age of 30 or below is considered a young nation.According to the website of the Central Intelligence Agency (CIA) of the US, the average age of the American population is 38.5, that of China is 38.4, that of the UK is

40.6 and of that Germany 47.8.The report says the population of India is expected to increase from 121.1 crore in 2011 to 151.8 crore in 2036, going by the current pattern.The proportion of population aged below 15 years is projected to decline from 30.8 per cent in 2011 to 19.8 per cent in 2036.The proportion of the working age population-those between 15 and 59 years is expected to increase from 60.7 per cent in 2011 to 65.1 per cent in 2036.The share of people aged above 60, or senior citizens, is to go up from 8.4 per cent to 15 per cent.

The report said changes to the proportion of the elderly population would be uneven in the states.For example, in Kerala, where lower fertility and mortality rates have been achieved earlier than the other states, the proportion of people above age of 60 is expected to increase from 13 per cent in 2011 to 23 per cent in 2036.On the contrary, Uttar Pradesh can expect an increase from 7 per cent to 12 per cent during the same period.

In the article named "**Security tips for senior citizens Help us to help you, urge police"** published in the Telegraph (by **Kinsuk Basu,** dated Friday **August 2, 2019**)it was brought to public knowledge that fifty-odd senior citizens received a series of tips from police to ensure their safety.Piyush Kundu,the officer -in -charge of Phoolbagan police station,began the interaction with the large gathering of senior citizens by warning the elderly not to trust anyone. The officers explained how there have been several instances where a domestic help of many years, though not directly involved in the crime, had passed on vital information to others unwittingly.Lalbazar has drawn up a list of measures that officers-in-charge of police stations would have to follow over the next few days to secure the city's most vulnerable population living alone.Beat officers have been asked to visit homes where the elderly live along and note down their phone numbers.A helpline number has been set up where senior citizens can call up anytime.

In the article named **"Smart tool training for elderly"** published **The Telegraph** (by Subhajoy Roy,dated **May 17,2018**) it was brought to public knowledge that eighty two year old Mallinath Bose got an iPad from his son who stays abroad, about three years ago.But Bose found it difficult to use the device to speak to his son, daughter-in-law and grandson.It was then that a care manager from a company that looks after the elderly taught Bose how to use Skype and Video chat with his son and his family.Bose is happy that he and his wife can now see their son and his family whenever they want to. They used to talk over the phone.But on Skype they can see them while talking.Santosh (the care manager) not only taught us how to use Skype but also how to fix Wi-Fi problems.

The octogenarian's problems in dealing with modern technology are common among the elderly. Technology can bring more convenience and comfort to their lives but many elders do not know how to use it. An elderly care company has started a programme to train the aged in using tech tools that can take the strain off their daily chores. "There are so many elderly people who still go to a bank to transfer money.If they can be trained in using Net banking ,they can do the same work sitting home.That will save both time and hardship" said Prateep Sen,managing director of Tribeca Care.The company has started the training. This is not the first initiative to train the elderly in daily-use technology. South City International School had once held an e-learning programme for grandparents. The south Calcutta school

had intended to make the grandparents experts in handling smartphones,tablets,laptops and desktops.An expert said lack of knowledge of technology often create a sense of isolation among the elderly.Grandparents often find it embarrassing to depend on their grandchildren to order food online or book a cab.Sen of Tribeca Care said they were trying to introduce the elderly to a few basics of technology.These include how to switch on and off the internet connection on a phone, how to whatsapp, how to increase the front size of text messages, how to expand a document, how to book a cab and how to use Net banking.

In an article named **Abandoned mom lives in toilet for two months** published in **The Telegraph**(by **Subhashish Mohanty,**dated **August 5,2019**) it was brought to public knowledge that an 82 year old woman who was staying inside a toilet for the past two months after being abandoned by her four sons was rescued on Sunday.Because of lack of proper care and food, her health deteriorated and she looked weak and frail.The Puri district administration has compelled her sons to give an undertaking that they will look after their mother.The incident took place at Biratunga panchayat under Gop block in Puri district, about 70 km from the state capital.Prithviraj Mandal told that the 82 year old woman,Dhani Mandal, had lost her husband 15 years ago.After the demise of her husband ,she used to stay with the younger son. But he started raising questions that why he would alone take care of her while the other three brothers stay away shunning their responsibilities.The issue has led to a serious brawl in the families of the four brothers.All the four are farmers and stay separately.Later,it was decided that Dhani would stay one month in the house of each son.But as the eldest son did not turn up to take the mother, the younger one took the mother and dumped her near the house of his elder brother.The problem started when the old lady because of her age was unable to move and sometimes even defecate inside the house.The elder son decided to shift her to the newly constructed toilet and asked her to stay inside it.An old torn mosquito net was given to her.The toilet was built under Swachh Bharat Missson.The tehsildar said that a meeting was called in the presence of local villagers and the police.All the four sons agreed to look after the mother.On many occasions we find it hard to deal with these sorts of humanitarian issues.Dhani, however,continued to narrate her plight before reporters.She had brought up all her four sons with great care.Her husband and she used to catch fish from the nearby rivers for the children.But following property disputes among her sons,they shifted her to the newly constructed toilet .She found very tough to live there as none of her children looked after her.The elderly woman also complained how she was not getting two squares of meal properly in a day.

From the above discussion it is evident that loneliness is prevalent in considerable ratio due to several factors and its prevalence among the elders is more noticeable since care and concern for the elders is lacking in most families due to emerging trends of industrialization and nuclearisation of families.The present study aims to explore the prevalence, nature and extent of loneliness among the Hindu Community.Hence,primary care system is prevalent in most settings.From this juncture the researcher intends to investigate how far the care is prevalent among the Hindu elders.

Theoretical Framework

There are different sociological theories studying ageing as a process and its impact on the people and society as a whole.

Growing old: competing sociological explanations Social gerontologists have offered a number of theories regarding the nature of ageing.

Early theories of social ageing can be generalized as following three main phases over the past half-century:

- Ageing approached as an individual and social problem (roughly from the late-1940s to 1960s).
- Ageing treated as an economic and employment issue (1970s to 1980s).
- Ageing constructed as a global issue and concern (1990s and continuing).

These phases reflect different ways in which the relationship between ageing populations and social institutions have evolved, with accompanying shifts in theoretical perspectives about the relationship between the ageing individual and social and economic institutions.

Some of the earliest theories emphasized individual adaptation to changing social roles as a person grows older. Later theories focused on how social structures shape the lives of older people and on the concept of the life-course. The most recent theories have been more multifaceted, focusing on the ways in which older people actively create their lives within specific institutional contexts.

First generation of theories: functionalism

The earliest theories of ageing reflected the functionalist approach that was dominant in sociology during the 1950s and '60s. They emphasized how individuals adjusted to changing social roles as they aged and how those roles were useful to society. The earliest theories often assumed that ageing brings with it physical and psychological decline and that changing social roles have to take this decline into account (Hendricks 1992). The American sociologist Taleott Parsons, one of the most influential functionalist theorists of the 1950s, argued that society needs to find roles for older people consistent with advanced age. He expressed concern that the USA, in particular, with its emphasis on youth and its avoidance of the subject of death, had failed to provide roles that adequately drew on the potential wisdom and maturity of its older citizens. Moreover, given the greying of society that was evident even at that time, Parsons argued that this failure could well lead to older people becoming discouraged and alienated from society. In order to achieve a 'healthy maturity', Parsons (1960) argued, older people need to adjust psychologically to their changed circumstances, while society needs to redefine the social roles of older people. Traditional

roles (such as work) have to be abandoned, and new forms of productive activity (such as volunteer service) need to be identified.

Parsons's ideas anticipated those of disengagement theory, the notion that it is functional for society to remove people from their traditional roles when they grow older, thereby freeing up space for others (Cumming and Henry 1961; Estes et al. 1992). According to this perspective, given the increasing frailty, illness and dependency of older people, it becomes all the more dysfunctional for them to occupy traditional social roles they are no longer capable of adequately fulfilling. Older people should therefore retire from their jobs, pull back from civic life and eventually withdraw from other activities as well. Disengagement is assumed to be functional for the larger society because it opens up roles that were formerly filled by older people to younger ones, who will presumably carry them out with fresh energy and new skills. Disengagement is also assumed to be functional for older people because it enables them to take on less taxing roles consistent with their advancing age and declining health. A number of studies of older adults do indeed report that the large majority feel good about retiring, which they claim has improved their morale and increased their happiness (Palmore 1985; Howard 1986).

While there is obviously some truth to disengagement theory, the idea that older people should completely disengage from the larger society takes for granted the prevailing stereotype that later life necessarily involves frailty and dependence. Critics of functionalist theories of ageing argue that they emphasize the need for older people to adapt to existing conditions, but they do not question whether or not the circumstances faced by older people are just. In reaction, another group of theorists arose - those growing out of the social conflict tradition (Hendricks 1992).The earliest theories of ageing reflected the functionalist approach that was dominant in sociology during the 1950s and '60s. They emphasized how individuals adjusted to changing social roles as they aged and how those roles were useful to society.

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Second generationof theories: age stratification theory and life-course theory

From the mid-1970s, a new range of theories was introduced into gerontology (Estes et al. 2003). Two of the most important contributions were age stratification theory and the life-course model. Age stratification theory looks at the role and influence of social structures, such as retirement policy, on the process of individual ageing and on the wider stratification of older people in society. One important aspect of age stratification theory is the concept of structural lag (Riley et al. 1994). This provides an account of how structures do not keep pace with changes in the population and in individuals' lives. For example, in many European countries, when the retirement age was set at 65 soon after the Second World War, life expectancy and quality of life for older people was considerably lower than it is today.

Like the age stratification approach, the life-course perspective also moved beyond looking at ageing in terms of individual adjustment. This perspective views ageing as one phase of a lifetime shaped by the historical, social, economic and environmental factors that occurred at earlier ages in the life-course. Thus the life -course model views ageing as a process that continues from birth to death. In this, it contrasts with earlier theories that focus solely on the elderly as a distinctive group. The theory bridges micro- and macrosociology in examining the relationships between psychological states, social structures and social processes (Elder 1974). Third generation of theories: political economy theory one of the most important strands in the study of ageing in recent years has been the political economy perspective pioneered by Carroll Estes. Political economy theory provides an account of the role of the state and capitalism as contributing to systems of domination and marginalization of older people. Political economy theory focuses on the role of economic and political systems in shaping and reproducing the prevailing power arrangements and inequalities in society. Social policy - in income, health or social security, for example - is understood as the result of social struggles, conflicts and the dominant power relations of the time. Policy affecting older people reflects the stratification of society by gender, race and class. As such, the phenomena of ageing and old age are directly related to the larger society in which they are situated and cannot be considered in isolation from the other social forces (Estes and Minkler 1991; Estes et al. 2003).

Structural Functional Theory

Based on the ideas of Talcott Parsons, Elaine Cumming and William Henry (1961) explain that the physical decline and death that accompany aging can disrupt society. In response, society disengages the elderly, gradually transferring statuses and roles from the old to the young so that tasks are performed with minimal interruption. Disengagement theory is the idea that society functions in an orderly way by removing people from positions of responsibility as they reach old age.

Disengagement ensures the orderly operation of society by removing aging people from productive roles before they are no longer able to perform them. Another benefit of disengagement in a rapidly changing society is that it makes room for young workers, who typically have the most up-to-date skills and training. Disengagement provides benefits to aging people as well as most people begin to think about retirement and perhaps cut back a

bit on their workload. Exactly when people begin to disengage from their careers, of course, depends on their health, enjoyment of the job, and financial situation.

Symbolic Interaction Theory

Based on the symbolic-interaction approach, activity theory is the idea that a high level of activity increases personal satisfaction in old age.Because everyone bases social identity on many roles, disengagement is bound to reduce satisfaction and meaning in the lives of older people.What seniors need is not to be pushed out of roles but to have many productive or recreational options.

Activity theory does not reject the idea of job disengagement;it simply says that people need to find new roles to replace those they leave behind.Research confirms that elderly people who maintain a high activity level find the most satisfaction in their lives.Activity theory also recognizes that the elderly are diverse with a variety of interests,needs,and physical abilities.For this reason ,the activities that people choose and the pace at which they pursue them are always an individual matter.

Social Conflict Theory

A social-conflict analysis is based on the idea that access to opportunities and social resources differs for people in different age categories.For this reason, age is a dimension of social stratifaction.The social-conflict approach claims that our industrial-capitalist economy creates an age-based hierarchy.As per Marxist thought, Steven Spitzer(1980) points out that a profit –oriented society devalues any category of people that is less productive.

To the extent that older people do not work,our society labels them as mildly deviant.Social-conflict analyses also draws attention to various dimensions of social inequality within the elderly population.Differences of class,race,ethnicity,and gender divide older people as they do everyone else.

Political Economy Theory

One of the most important strands in the study of ageing in recent years has been the political economy perspective pioneered by Carroll Estes.Political economy theory provides an account of the role of the state and capitalism as contributing to systems of domination and marginalization of older people.

Political economy theory focuses on the role of economic and political systems in shaping and reproducing the prevailing power arrangements and inequalities in society.Social policy in income, health or social security, for example is understood as the result of social struggles, conflicts and the dominant power relations of the time.Policy affecting older people reflects the stratification of society by gender, race and class.

As such, the phenomena of ageing and old age are directly related to the larger society in which they are situated and cannot be considered in isolation from the other social forces (Estes and Minkler 1991; Estes et al.2003).

Gap

Apart from these there are many theories like Error or Catastrophe theory and Rate of living theory etc.These theories are applicable for the present study as it is related to health issues.

Talcott Parson signifies about disengagement theory but here ,I little bit differ from Parsonian concepts because I have seen that the older people now a days are engaged in some kind of activities.They are not fully disengaged as Parsons viewed during his time.

Few theories have claimed that retiring age is not harmful because they think that they can improve their morale and happiness in their stage. Here, my study differs because the situation is reverse because the older people suffer from economic constraints as they are living in the nuclear families because of rapid social change in the society.

Carolf Este's views in the third generation theory claimed that the role of state and capitalism have tremendous contribution to the systems of domination and marginalisation of the older people but here my work shows that the state is nowadays playing for older people's social security as a whole.Therefore, the individual persons save themselves from their own capability, for example, they purchase some land, deposit some money in the bank, timely maintain mediclaim policy or LIC etc. for their own security.

Elaine, Cumming and William Henry talked about disengagement theory as an idea through which society functions in an orderly way by removing people from positions of responsibility as they reach old age. Here my study differs from this point because aged people still continue light works like cooking, cleaning, ironing, marketing, taking care of grandchildren etc.This keeps them engaged in the family not as detached members but as attached ones.

Steven Spitzer pointed out that a profit oriented society devalues any category of people that is less productive, but my study differs from this point of view as Indian society do not match with the conception of Spitzer in general sense. Only a very few cases are applicable in this context. Thus, the present researcher has highlighted the theoretical approaches relevant in the present study.

CHAPTER-3

RESEARCH SETTING

RESEARCH SETTING

Kalyani is a famous city of Nadia district in West Bengal.It is a well-planned town with a municipality and it is located 50 km away from Kolkata and situated on the eastern banks of Hooghly River.

During world war II Kalyani was the site of an American Airbase and this military garrison town was named after the American President, Franklin D. Roosevelt as 'Roosevelt Town' or 'Roosevelt Nagar". After World War II, the American Military left the base, and the airfield and hangars went into disuse. But Hangars and other reminders are still seen in the 'A' Block and some areas around Kalyani University, whose buildings were built on over the runaways.

The development of this young modern town is credited to former chief Minister of West Bengal, Shri Bidhan Chandra Ray. He thought of a planned town which could decrease the pressure of population of Kolkata. After Independence, in 1950, the master plan of the town was developed and the foundation stone was laid by the then Governor of W. B, Kailash Nath Katju on 24 February, 1951.In order to host the 59th Indian National Congress meeting in 1954 this town was built very quickly.In memories of that conference, a road of the citywas named as congress Road.In that same year Kalyani station was named in lieu of 'Chandmari Halt'. Kalyani Police station was formed in 1957 and the railway line from Kalyani main to Kalyani Simanta was extended in 1979.The city is connected with Kolkata and other towns and villages through Railway line and Highways.

In 1995 Kalyani Municipality was established and it took a great role to develop the infrastructure of Kalyani. In 2014 Kalyani was selected as a candidate for 'smart city' project.Kalyani is also an industrial zone. A lot of large-scale factories including Andrew Yule & Co, Kalyani Breweries (UB Group), Dabur Co.,TDK, EPCOS etc. are in this city.A lot of small scale industries are also present in this city.Though a lot of industries are closed, but this city is the earning place of many people.It is also an important city of education.There are two universities-University of Kalyani and Bidhan Chandra Krishi Vishwavidyalaya in this city.IISER, JNM Medical College, Kalyani Govt.Engg. College, JIS Engineering & Technical College and many other institutions, Research centers have been set up in this city.

Kalyani is also a center of sports and culture.A stadium has been built where I-league football matches, IFA shield matches and many other sporting events are held.Cricket Association of Bengal has made a cricket Academy to encourage sports in youths.

Kalyani has been built up along the east bank of the Hooghly River, within the upper Ganges Delta.As it has been built on the Indo-Gangetic plain; the soil and water are predominantly alluvial in origin. According to the Bureau of Indian Standards, Kalyani lies inside seismic zone III and it has the possibility of earthquake. According to a United Nations Development Programmed report, high wind and cyclone can damage this city highly.

Kalyani is a planned city with four blocks –A, B, C, D and sub blocks. Most of the residential houses, flats buildings and commercial markets are in Block A and B. Kalyani main station, state General Hospital, JNM Hospital, Medical College JIS College, Oriental public School,St Stephen school and many others are situated in Block A.Main post office,Industrial Training Institute,Kalyani Municipality,many Government offices,Public Library, major banks,electricity board office are situated in block-B, Block C and D are located to the north of Kalyani Simanta branch line.Major part of Block C is occupied by Kalyani University.Block D is the industrial zone consisting of many small and medium sized industries.This city has underground drainage systems,tree lined avenues,community parks, and paved roads intersecting each other at almost 90-degree angle.

In June 2015, the Government of W.B declared to establish an 'Analytics City' name Sambriddhi in Kalyani, besides Uditi Government Housing Project to attract investments of more than Rs, 3000 cores in the next three years.In, the first phase, being developed over 52 acres off Kalyani Expressway; the hub will accommodate academic, residential and commercial centers apart from real estate projects.

Kalyani Block consents of 7 Gram Panchayats–Saguna, Madanpur-1, Madanpur-2, Chanduria -2, Simurali, Kanchrapara and Sarati.

Police Station

Kalyani Police station under Ranaghat Police District Controls the official power to make legal decisions and judgements over Kalyani,Gayeshpur, Saguna,Sarati,Madanpur, Kanchraparaand Panchayet areas.The police station covers the area of 64 sq km and the population of 2,01,871.The police station is situated at B Block,in front of Kalyani Stadium and beside Kalyani court.

Demographics

As per 2011 census, Kalyani has a population of 1, 00,620. 50.55% of the total population is Male and 49% is female.Kalyani has an average literacy rate of 88.75% and it is higher than the national average of 59.5%. 92.79% are male literate and 84.65% is female literate. The sex ratio of Kalyani is 9:8. As per 2001 census, the average household size of Kalyani is approximately 4.61. The male workers out of total population are 29%.

Civic administration and utility services:

This town is under the Bongaon Lok Sabha Constituency and Kalyani Bidhan Sabha.The People of this town elects the samsad, Member of the Lok Sabha, and the MLA for the Kalyani Legislative Assembly, who takes a great role in State legislative Assembly. This town comes under the jurisdiction of the district police. The town's security and other

necessities are looked after by the S.P and S.D.O. The town is also the seat of the sub-divisional court.

This town has been registered as a self-sufficient township. Its gradual development continued as a notified area and in 1995 the notified area was upgraded to a municipality.

Transport

Kalyani is connected with the other towns and Kolkata through Express ways and railway line.Kalyani Railway Station is on the Sealdah-Ranaghat Main line of the Eastern Railway and Kolkata Suburban Railway. The main line has gone into the town and there are three more stations-Kalyani Silpanchal, Kalyani Ghospara and Kalyani Simanta.From Kalyani one can go to any part of W.B. railway lines. Kalyani Express way-has been passed through this town and it has connected the National Highway 2 near Bansberia through Ishwar Gupta Setu. NH-34 runs through Birahi of Kalyani. Kalyani is also accessible through National Highway -12. Rickshaws, E-rickshaws, Auto rickshaws and Magic cars are used as local vehicles. Govt operated buses and private buses carry the passengers and connect the other areas. Netaji Subhas Chandra Bose International Airport is located 45 kms away from Kalyani, which operates domestic and international flights. In all there is all convenience of transport in this town.

Education

Kalyani is a great resource of education. The schools are run by the state Government and private organizations.All the schools follow the 10+2+3 pattern of education.The high schools are affiliated with the W.B.B.S.E, CBSE and ICSE Board.The Higher secondary schools are affiliated with the West Bengal council of Higher Secondary Education, the ICSE and the CBSE. Among the schools whose mode of instruction is Bengali includes Pannalal Institution, Bidhan Chandra Girls' High School, Kalyani Shikshayatan, Majherchar High School etc.The schools which instructs in English are Julien Day school, Central Model School, Oriental Public School, St. Stephen'sSchool, Jawahar Navodaya Vidyalaya, Springdale school etc. Kalyani Experimental School instructs both in English and Bengali 'KID ZEE', Caterpillar, Clubhouse, Tiny Tots etc. are some some pre-schools & Kindergartens of Kalyani. A lot of primary schools are in Kalyani which are mostly run by the Government.In each Govt. Schools student's upto class VIII get all the facilities related to education from the Govt.

Kalyani has two universities-Universities of Kalyani and Bidhan Chandra Krishi Vishwavidyalaya.There is a general degree college named Kalyani Mahavidya under Kalyani University. There are two central institutes of national importance-Indian Institute of Information technology and AIIMS Kalyani.Three engineering colleges-Ideal Institute of Engineering, JIS collegeof Engineering, Kalyani Government Engineering college and Gayeshpur Government Polytechnic college provide skilled engineers and technical

personalities. College of Medicine & JNM Hospital provide education to Medical students.There are many other institutes of higher education and research including National Institute of Bio-medical Genomics,Institute of public Health and policy, Eastern Regional station of National Dairy Research Institute, Snahanshukanta Acharya Institute of Law in this town.Netaji Subhas Chandra Bose Telecom training Centre,Netaji Subhas Regional Institute of cooperative Management and State Institute of Panchayats and Rural Development are among the state level training and development institutes in their respective fields.

The main campus of the Indian Institute of Science Education and Research, Kolkata (IISER-K) is located in Mohanpur and it is close to Kalyani. The main campus of BCKV is located at Mohanpur.Every year many talented personalities in Agricultural fields pass out from BCKV. West Bengal University of Technology is also located at Mohanpur.Clinical training of the students of West Bengal University of Animal and Fishery Sciences are imparted at Mohanpur Campus.

Healthcare

Healthcare system in Kalyani consists of both government and private healthcare facilities. The Army hospital established during WWII by the American and British alliance was the first hospital in Kalyani. Later former Chief Minister of West Bengal Dr. B. C. Roy converted it into a hospital for tuberculosis patients in the 1960s, currently known as Netaji Subhash Sanatorium. Jawaharlal Nehru Memorial Hospital, a 500-bed hospital, is one of the major hospitals in the town. A medical college, College of Medicine & JNM Hospital, established in 2009, which acts as the University College of West Bengal University of Health Sciences, Gandhi Memorial Hospital has a dedicated cardiac surgery and cardiology department. ESI Hospital provides healthcare to workers under Employees' State Insurance MB Scheme. There is also a branch of National Institute of Homoeopathy with 25 acres herb garden which was established on 1975.

In June 2014, the central government gave approval in principle for setting up All India Institute of Medical Sciences, Kalyani at Basantapur Village in the Saguna Panchayat near Kalyani. This project was shifted from earlier plans of setting up the AIIMS at Raiganj because of problems in land acquisition. The project will cost nearly Rupees 850 Crores.

Sports

Bengal Cricket Academy Ground, a cricket ground, hosts national level and club level cricket matches. It is also the home ground of Bengal cricket team. Kalyani Stadium hosts national level football matches. The Kolkata Giants Mohun Bagan, East Bengal FC and Mohammedan S.C. use Kalyani Stadium as their home ground in some national level matches. A swimming pool and well-equipped gymnasium are attached with the said Stadium.

Figure No- 1. Source: Map of India

Figure No- 2. Source: Map of West Bengal

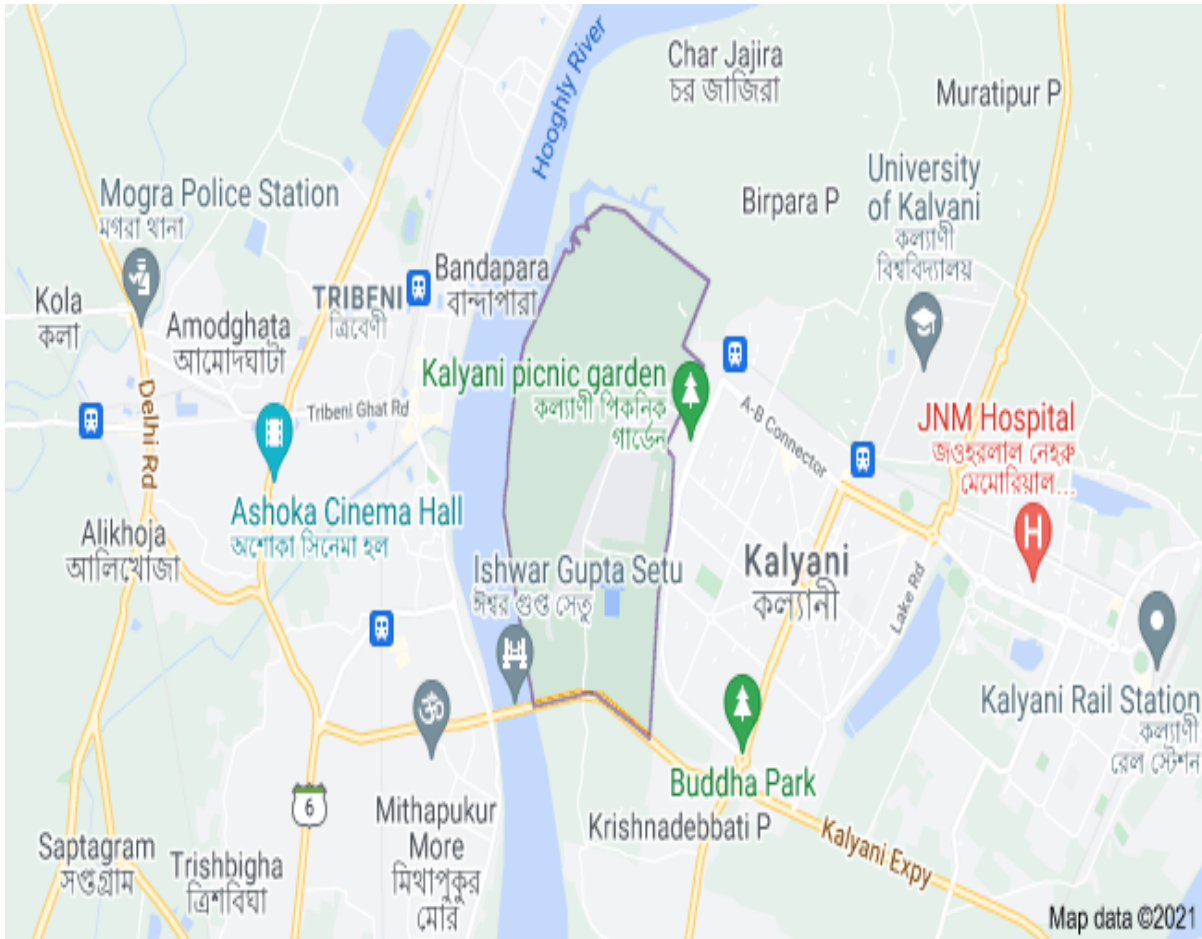

Figure No- 3. Source: Map of Kalyani

About Birpara

According to Census 2011 information the location code or village code of Birpara village is 322301. Birpara village is located in Chakdah Tehsil of Nadia district in West Bengal, India. It is situated 17.1 km away from sub-district headquarter Chakdah and 59 km away from district headquarter Krishnanagar. As per 2009 stats, Kanchrapara is the gram Panchayat of Birpara Village.

The total geographical area of village is 239.57 hectares. Birpara has a total population of 1,654 peoples. There are about 370 houses in Birpara Village. Kalyani is the nearest town to Birpara which is approximately 5 km. away.

The total Population of the Birpara is 1,654. The Male Population is 874 and Female Population is 780. The area of the Birpara is 239.57 hectares. The households of the Birpara are 370.

Sarati

According to Census 2011 information the location code or village code of Sarati village is 322201. Sarati village is located in Chakdah Tehsil of Nadia district in West Bengal, India. It is situated 9.2 km. away from sub-district headquarter Chakdah and 53 km. away from district headquarter Krishnanagar. As per 2009 statistics, Sarati village is also a gram panchayat.

The total geographical area of village is 220.55 hectares. Sarati has a total population of 3,284 peoples. Male Population is 1,703 and Female Population 1,581.

There are about 800 houses in Sarati village. Kalyani is nearest town to Sarati which is approximately 10 km. away.

Named as "**Vasundhara old age home**" which is a haven for those who have spent most of their lives earning their living, pursuing material necessities. It is the perfect place for the elderly who feel the need to move away from the hustle bustle of the city and yet remain connected to it in some way.Elderly people have been interviewed. This home is managed by the Hindu community and all most all the residents are of Hindu origin.Those who are looking for old Age Homes far from the busy city life and at pollution free area but near to Kolkata, should have a visit to Vasundhara Bridhyasram also known as Smt. Gouri Roy Memorial Old Age Home of Kalyani.Vasundhara Old age home, established on 2014, is easily accessible from Kolkata by road or train and has all the amenities for the boarders.

Vasundhara Old Age home, Kalyani is for those people who are looking for an old Age home in Nadia. Both Male & Female candidates can stay at Vasundhara old age Home of Kalyani (Nadia).Address of Vasundhara Old Age Home in Kalyani is **Smt Gouri Roy Memorial old Age Home**, B6/258 Kalyani,Near Central Park, Nadia,W.B.

CHAPTER -4

RESEARCH METHODOLOGY

RESEARCH METHODOLOGY

For a good research, identification and application of appropriate research methods is of utmost importance. Kumar, R. (2010) has expressed that research according to some can be termed as a journey from the familiar to the unfamiliar .As human beings, we all possess the instinct of inquisitiveness which is the source of all wisdom and the procedure one adopts for obtaining the information is known as research. Kerlinger, F.N. (1986) has defined scientific research as an organized, controlled, factual and critical examination of assumptions.

Methodology means the philosophy of the researcher process. This includes assumptions and values that serve as a rationale for research and the standards or criteria the researcher uses for interpreting data and reaching conclusions. At the present moment it is felt to distinguish three basic terms used in the research work. The terms like methodology, method and techniques are to be understood in clear terms.

A methodology is the analytical study of methods. On the other hand, a method is the broad category, which includes many techniques used to ensure successful field enquiry, whereas a technique is an actual device, a means or a procedure for collecting and processing data in the particular context of a scientific enquiry. For sociology the trend is analytical and in most cases deductive.

In cultural anthropology generally inductive principles are adopted. However, the present researcher has used both the quantitative and qualitative methods in order to study the present condition of 'Care for the elderly'.The methods collecting data in the field is an important factor because the value of reports depends on the methods of enquiry.

1. Selection of the problem

A systematic definition of the research problem helps the researcher to move in the right direction. If the researcher goes for data collection without proper definition of the research problem, the data will not help in arriving at a proper conclusion. The present work was carried out to study the condition of the aged in the Hindu Society. Ageing is a natural Universal phenomenon. No one can escape the law of nature. The Hindu Society still largely being traditional where the family and kinship ties are still strong. The aged are not considered a problem. But modernization, urbanization, industrialization, migration of young members, breaking up of joint family system etc. have made the condition of the Hindu Aged vulnerable.Now they are facing so many problems such as health, physical, socio-psychological etc. in the changing situations.So an attempt has been made to identify and understand the condition of the Hindu elders of Nadia, based on empirical field data. The present work reveals authentic information pertaining to health, economic role relationship and socio-psychological conditions of the aged Hindu of Nadia.

On the positive side, case studies obtain useful information about individuals and small groups. On the negative side, they tend to apply only to individuals with similar

characteristics rather than to the general population.The high likelihood of the investigator's biases affecting subjects' responses limit the generalizability of this method.

Survey research involves interviewing or administering questionnaires, or written surveys, to large numbers of people. The investigator analyses the data obtained from surveys to learn about similarities, differences, and trends. He or she then makes predictions about the population being studied.

As with most research methods, survey research brings both advantages and disadvantages. Advantages include obtaining information from a large number of respondents, conducting personal interviews at a time convenient for respondents, and acquiring data as inexpensively as possible.

Disadvantages of survey research include volunteer bias, interviewer bias, and distortion. Volunteer bias occurs when a sample of volunteers is not representative of the general population. Subjects who are willing to talk about certain topics may answer surveys differently than those who are not willing to talk. Interviewer bias occurs when an interviewer's expectations or insignificant gestures (for example, frowning or smiling) inadvertently influence a subject's responses one way or the other.

2. Research Design: "A Research design is the specification of methods and procedures for acquiring the information needed. It is the overall operational pattern or framework of the project that stipulates what information is to be collected from which sources and by what procedures. If it is a good design, it will ensure that the information obtained is relevant to the research questions and that it has been collected by objective and economical procedures" **(Green et al., 2008).**

3. Sources of Data collection

Both primary and secondary sources of data have been used for the present study.

a) Primary Source:

Primary source of data is original, problem specific and collected for the specific objectives. The authenticity and relevance is reasonably high. For the present study, the primary data are collected through interview schedule and personal interactions.

b) Secondary Source:

It includes the published papers by authors in books and journals, data published by the Government like Census data, data of planning Commission etc.

4. Methods of Data Collection: After determining the research problem clearly and formulation appropriate research design, the process of data collection began. For the present study both qualitative and quantitative methods of data collection has been used.

a) Qualitative Method :

Chawala, D. and Sondhi, N. (2011) have mentioned that qualitative research is used to explore, describe or understand a certain phenomena. It is loosely structured and open to interpretations. For the present study qualitative research is used to elicit information which cannot be deduced from the interview schedule. Qualitative research differs from quantitative research in several ways. Most obviously, qualitative research tends to be concerned with words rather than numbers, but three further features were noteworthy: Firstly, an inductive view of the relationship between theory and research, whereby the former is generated out of the later. Secondly, an epistemological position described as interpretive, meaning that in contrast to the adoption of a natural scientific model in quantitative research, the stress is on the understanding of the social world through an examination of the interpretation of that world by its participant. Thirdly, an ontological position described as constructionist, which implies that social properties are outcomes of the interactions between individuals, rather than phenomenon "out there" and separate from those involved in its construction.

This predilection for seeing through the eyes of the people studied in the course of qualitative research is often accompanied by the closely related goal of seeking to probe beneath surface appearances. After all, by taking the position of the people one is studying, the prospect is raised that he/she might view things differently from what an outsider with little direct contact might have expected.

The empathetic stance of seeking to see through the eyes of one's research participants is very much in tune with interpretivism and demonstrates well the epistemological links with phenomenology, symbolic interactionism and Verstehen. However it is not without practical problems. For example the risk of 'going native' and losing sight of what the researcher is studying; the problem of how far the researcher should go, which could be a risk in research and the possibility that the researcher will be see through the eyes of only some of the people who form part of a social scene but not others. In spite of the alone difficulties the present researcher has tried not to get out of focus. The attempt was always to represent the field accurately.

Qualitative researchers are much more inclined than quantitative researchers to provide a great deal of descriptive detail when reporting the fruits of their research. This is not to say that they are exclusively concerned with description. They are concerned with explanation.

b) Quantitative Method:

Quantitative research predicts the occurrence of a certain phenomena. It is formatted and structured and usually conclusive. It has a measurable set of variables with a presumption about testing them. Interpretation of data entails various levels of statistical testing. For the present study, the primary data has been collected through an interview schedule.

5. Tools for Data Collection:

Interview schedule was utilized to gather the primary data. Further the data was arranged, analyzed and presented to generate meaningful outcomes and conclusion. The interview

schedule involves open and closed ended questions, ranking item questions, and multiple choice questions.

6. Pilot Study

Pilot study, also known as the feasibility study refers to the mini version of the full scale study and is conducted for developing and testing adequacy of the research instrument.

The objective of performing the pilot study is to validate the interview schedule. It also helped the researcher in determining whether all the questions are understood and responded by the respondents and final questionnaire was drafted for the research.

Here, a very important point needs to be noted that before conducting the actual survey, the researcher undertook a pilot study with 10 schedules and necessary modification of the final questionnaire was done on the basis of the pilot study. Pilot study is very necessary in survey research for right question preparation. It helps to avoid irrelevant research questions and makes the research work accurate.

It simply refers to the fact that, once information has been collected, it must be transformed into data. In the context of quantitative research, this is likely to mean that it can be quantified. With some information this can be done in a relatively straightforward way. For other variables, quantification will entail the coding of information-that is transforming it into numbers to facilitate the quantitative analysis of the data, particularly if the analysis if the analysis is going to be carried out by computer.

7. Asking Questions in a proper way

It was earlier suggested that one of the ends of the structured interview is to ensure that each respondent is asked exactly the same questions. The structured interview is meant to potential errors due to variation in the ways a question is asked. Consequently it is important for interviewers to appreciate the importance of keeping exactly to the wording of the questions they are charged with asking. The present researcher has tried to follow it as far as applicable.

The key point to emerge, then, it is importance of getting across to interviewers the importance of asking questions as they are written. There are many reasons why interviewers may vary question wordings, such as reluctance to ask certain question, perhaps because of embarrassment, but the general admonition to keep the wording of the question needs to be constantly reinforced. The present researcher has tried to keep this point in mind.

8. Writing Answers

The respondents' replies should be written down as exactly as possible. If it is not done then the respondent's answers may be distorted and hence introducing errors. Such errors are less likely to occur when the interviewer has merely to allocate respondents' replies to a category, as in a closed question. This process can require a certain amount of interpretation on the part of the interviewer, but the error that is introduced is far less then when answer to open questions are being written down. Hence the present researcher has tried mostly close ended

questions to avoid errors. However, a few are open ended questions where necessary precautions are taken.

9. Question Order

In addition to being cautious of not varying the asking of questions and the recording of answers the interviewer should be alerted to the importance of keeping to the order of asking questions. It is to be noted that varying the question order can result in certain questions being accidently omitted because the interviewer may forget to ask those that have been leapfrogged during the interview. Also, variations in question order may have an impact on replies: if some respondents have been previously asked a question that they should have been asked where as others have not, a source of variability in the asking of questions will have been introduced and therefore a potential source of error. The present researcher has tried to ask the questions in order.

Thus, proper monitoring of the interview with the questionnaire/schedule is necessarily done in order to make the research accurate.

This method is useful or collecting information on population, number of households and other demographic details. Census sheets usually contain basic biographical data like name, age, sex, residential history, as well as in formation on the educational background occupation, income and other economic resources of the household. Such reports have been used in order to add information to the research.

10. Case Study Method:

Case study is method of exploring and analyzing the life of a social unit (Kothari, 1999). Its goal is to determine the factors that account for the complex behavior pattern of the unit and the relationships of the unit to its surroundings. Case study may be gathered from the entire life cycle or on a definite section of the cycle of a unit, but always with a view of ascertaining the natural history of the social unit, and its relationship to the social factors and forces involved in its environment. The present researcher has adopted this method in order to capture the views and interpretations of the respondents from their perception. Several case studies have been discussed in this research work.

11. Audio and Photography Technique:

With the advancement in the field of science and technology audio and video recording along with photography has been done in order to represent the field correctly. Photography and video recording has helped to capture the numerous moments of the respondent's lifestyle under a single frame which has helped to conduct the research work accurately.

12. Sampling

Successful statistical practice is based on focused problem definition. In sampling, this includes defining the population from which our sample is drawn. A population can be defined as including all people or items with the characteristic one wish to understand.

Because there is very rarely enough time or money to gather information from everyone or everything in a population, the goal becomes finding a representative sample (or subset) of that population. As they are not truly representative, non-probability samples are less desirable than probability samples. However, a researcher may not be able to obtain a random or stratified sample, or it may be too expensive. A researcher may not care about generalizing to a larger population. The validity of non-probability samples can be increased by trying to approximate random selection, and by eliminating as many sources of bias as possible. In purposive sampling, we sample with a purpose in mind. We usually would have one or more specific predefined groups we are seeking. Purposive sampling can be very useful for situations where you need to reach a targeted sample quickly.Sampling means selection of a part of aggregate statistical materials called population, with a view to obtain information about the whole aggregate. The respondents selected should be as representative of the total population as possible in order to produce a miniature cross-section. The selected respondents continue what is technically called a 'sample'. The total population is not converted but from the sample studied it is possible to draw a calculation about the total population. Here the researcher has conducted a survey by **Purposive Sampling.** It has a non-probability sampling design. Non-probability sampling is also known by different names such as purposive sampling. This sampling method involves purposive or deliberate selection of particular units of the universe for constituting a sample which represents the universe.

In a word, purposive sampling targets a particular group of people. When the desired population for the study is rare or very difficult to locate and recruit for a study, purposive sampling may be the only option. The researcher adopted purposive sampling for the purpose of data collection. A purposive sample is a non-representative subset of some larger population, and is constructed to serve a very specific need or purpose. A researcher may have a specific group in mind.

The present study is primarily based on the data relating to the aged (60+) members of the Hindu family of Nadia residing in the Nadia District wards of 8 in urban area, rural Area in Machechar, Birpara, Sarati and inamates of an old age home named as '**Vasundhara Old Age Home**' located near Central Park, W.B. Kalyani, in Nadia District. Both male and female members have been included in the study. The total number of respondents in this study is hundred.

Sampling in social research involves some key terms like population, sampling frame etc. The sample is the segment of the population that is selected for investigation. It is a subset of the population. The method of selection may be based on probability or a non-probability approach. The present researcher has used non-probability purposive sampling in order to conduct the current research. Purposive sampling is one in which the researcher purposively chooses persons who, in her/his judgment bears some appropriate characteristics required of the sample members, and are therefore thought to be relevant to the research topic. Sampling frame is the listing of all units in the population from which the sample will be selected. The present researcher has taken total sample frame in order to conduct the research. All the aged members of the Hindu community residing in the wards of 8, Kalyani along with the inmates

of an old age home named '**Vasundhara Old Age Home**' located near Central Park ,Nadia, W.B. in Nadia District has been interviewed for the present research work.

13. Analysis of Data:

Keeping in mind the objectives of the research, the collected primary data was processed and analyzed. The different phases of data analysis are discussed below.

a) **Data Editing**: In order to eliminate the errors and mistakes in the collected data, editing of data is necessary. For this a careful screening of completed interview schedule was done. It ensures the accuracy, consistency and relevance of the data collected.
b) **Coding of the Data:** The objective of data coding is assigning numeric values to the responses collected through the schedule and doing proper categorization and classification of the same. Coding is a key stage in quantitative research. It entails two main stages: first, the unstructured material must be categorized. For example, with answers to an open question, this means that the researcher must examine people's answers and group them into different categories. Secondly, the researcher must assign numbers to the categories that have been created. This is a largely arbitrary process, in the sense that the numbers themselves are simply tags that will allow the material to be processed quantitatively. The present researcher has used the method of coding to analyze the data.

There is an important distinction between pre-coding and post-coding. Many closed questions in survey research instruments are pre coded. This means that respondents are being asked to assign themselves to a category which has already had a number assigned to it. Post coding occurs when answers to an open question are being coded.

When coding, three basic principles need to be observed. Firstly, the categories that are generated must not overlap. If they do, the numbers that are assigned to them cannot be applying to distinct categories. Secondly, the list of categories must be complete and therefore cover all possibilities as far as possible. Quantitative data are also sometimes recoded. For example, if we have data on the exact age of each person in a sample, we may want to group people into age bands. The present researcher has used the method of recording in order to group people into age bands, income bands, educational bands and others.

The researcher is concerned to use a number of techniques of quantitative data analysis to reduce the amount to use a number of techniques of quantitative data analysis to reduce the amount of data collected, to test for relationship between variables, to develop ways of presenting the results of the analysis to others, and so on. The present researcher has constructed univariate and bivariate tables. In a bivariate table, two variables are cross-classified. Such a table consists of rows and columns; the categories of one variable are labels for the rows, and the categories of the second variable are labels for the columns.

The research can now be written up. In writing up the findings and conclusions, the researcher is doing more than simply relaying what has been found about others; readers may

be convinced that the research conclusions are important and that the findings are robust. Thus a significant part of the research process entails convincing others of the significance and validity of one's findings. The present researcher has tried to give a complete detail of the field and respondents studied so that the research work is based upon accuracy.

c) **Classification of Data:** In order to find meaningful relations of the data, it is necessary to put them under homogeneous group and develop proper classes. Data with similar features need to be arranged under one group or class.

d) **Tabulation of the Data:** For the purpose of research a vast volume of data is collected. For representing the data in a systematic manner, tabulation was done. Tabulation makes it easy to understand the various parameters of research.

The present work has been conducted with immense care so that the research is accurate. Lots of care has been taken to represent the field as accurately as possible.

CHAPTER- 5

RESULT ANALYSIS AND DISCUSSION

STATISTICAL ANALYSIS

Table No: 1. Age - Sex Composition of the respondents

Population by age/sex	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Below 60	66 (20.37%)	48 (14.81%)	44 (13.58%)	35 (10.80%)	193 (59.56%)
61-70	23 (7.09%)	17 (5.24%)	1 (0.30%)	14 (4.32%)	55 (16.97%)
71-80	25 (7.71%)	23 (7.09%)	4 (1.23%)	7 (2.16%)	59 (18.20%)
81-90	5 (1.54%)	7 (2.16%)	0(0%)	5 (1.54%)	17 (5.24%)
91 Above	0 (0%)	0 (0%)	0(0%)	0 (0%)	0(0%)
Total	119 (36.72%)	95 (29.32%)	49 (15.12%)	61 (18.82%)	324 (100%)

Discussion: The above table represents the age distribution of the respondents. 59.56% of the population live in below 60 years of age group, 16.97% are in the age group of 61-70, 18.20% are in the age group of 71-80, and 5.24% are in the age group of 81-90, Nobody belongs to the age group of 91 and above.

So, the result reveals that a large proportion of the respondents belong to the age group of 71-80.

Table No .2. Distribution by Income:

Income per month (in Rupees)	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality area((Majherchar/Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
1000-3000	1(1%)	7(7%)	1(1%)	19(19%)	28 (28%)
3000-6000	-	2(2%)	14(14%)	3(3%)	19 (19%)
6000-9000	-	3(3%)	9(9%)	1(1%)	13 (13%)
9000-12000	-	1(1%)	2(2%)	-	3 (3%)
12000-15000	2(2%)	2(2%)	1(1%)	-	5 (5%)
15000-20000	7(7%)	5(5%)	-	-	12(12%)
20000-25000	2(2%)	4(4%)	-	-	6 (6%)
25000-30000	4(4%)	-	-	-	4 (4%)
30000-35000	1(1%)	2(2%)	-	-	3 (3%)
35000-40000	4(4%)	1(1%)	-	-	5 (5%)
40000 & Above	2(2%)	-	-	-	2 (2%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the monthly income distribution of the respondents. 28% of the respondents draw a monthly income of 1000-3000, 19% have a monthly income of 3000-6000, 13% reported monthly family income as 6000-9000, 12% belong to the

income category of 15,000-20,000 and 6% belong to the category of 20,000-25,000, 5% reported monthly family income of 12,000-15,000. 5% belong to the category of 35,000-40,000, 4% belong to the category of 25,000-30,000, and 3% of the respondents draw monthly income of 9,000-12,000. 3% reported monthly family income as 30,000-35,000, 2% reported monthly family income as 40,000 and above.

Hence it is striking to note that majority of the respondents belong to the low income category. Maximum respondents are female who belong to the low income category.

Table No: 3. Distribution by Education:

Education	Kalyani Township (Bock - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality area(Majherchar/ Char Kanchrapara/Chasorhati)/ Rural Population Male (%)	Female (%)	Total (%)
Literate	-	6(6%)	18(18%)	15(15%)	39(39%)
VIII- SF	2(2%)	11(11%)	9(9%)	7(7%)	29(29%)
SF-HS	2(2%)	3(3%)	-	1(1%)	6(6%)
HS-BA	3(3%)	5(5%)	-	-	8(8%)
BA-MA /Equivalent	11(11%)	2(2%)	-	-	13(13%)
MBBS/Engineering	2(2%)	-	-	-	2(2%)
Others	3(3%)	-	-	-	3(3%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the educational status of the respondents.39% are only literate, 29% acquired education till class VIII-Madhyamik examination level, 8% acquired education from HS-BA,6% acquired from SF-HS level,13% acquired education from BA-MA or equivalent and 3% are others and 2% acquired engineering degrees.

Therefore, it is striking to note that though 39% of the respondents are literate, yet 2% of respondents are with engineering degrees.

Table No: 4. Distribution by Occupation:

Occupation	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality area((Majherchar/ Char Kanchrapara/Chasorhati)/ Rural Population Male (%)	Female (%)	Total (%)
Business	1(1%)	1(1%)	13(13%)	-	15(15%)
Service	18(18%)	3(3%)	2(2%)	-	23(23%)
Professor/Teacher	4(4%)	1(1%)	-	-	5(5%)
Doctor	-	-	-	-	-
Domestic Helper	-	-	-	9(9%)	9(9%)
Agricultural Labour	-	-	7(7%)	-	7(7%)
Labourer	-	-	5(5%)	1(1%)	6(6%)
Housewife	-	22(22%)	-	13(13%)	35(35%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the profession of the respondents. 35% belong to the category of housewife, 23% belong to the service group, 15% belong to the category of business group,9% belong to the domestic helper group,7% of the respondents are engaged in agricultural labour. Males are mostly engaged in business enterprises. 6% belong to the labourer, 5% belong to the category of professionals since they are either professors or teachers. None of them are doctors.

Therefore, majority of the male respondents are engaged in business and majority of the female respondents are housewives and also maximum male respondents are engaged in services. Very few female respondents are engaged as domestic helpers.

Table No: 5. Stay at own /rented house

Place/area of residence	Own House		Rented House		Total
	Male	Female	Male	Female	
Kalyani Township(Block-B)/Urban population	21(21%)	26(26%)	2(2%)	1(1%)	50(50%)
Villages in Kalyani Municipality area(Macherchar/Char-Kanchrapara/Chasorhati)Rural Population	26(26%)	22(22%)	1(1%)	1(1%)	50(50%)
Total	47(47%)	48(48%)	3(3%)	2(2%)	100(100%)

Discussion: The above table represents whether the respondent is the owner of the house or lives in rented house. 26% of the female respondents said that they live at their own houses. 21% of the male respondents reported that they stay at their own house. 2% of the male respondent reported that they stay at rented houses. Whereas, 1% of the respondents reported that they stay at rented houses in urban areas.

Therefore, a majority of the percentage of the respondents have their own residence.

Table No: 6. Availability of safe drinking water

Place/area of residence	Yes		No		Total
	Male	Female	Male	Female	
Kalyani Township(Block-B)/Urban population	22(22%)	25(25%)	1(1%)	2(2%)	50(50%)
Villages in Kalyani Municipality area(Macherchar/Char-Kanchrapara/Chasorhati)Rural Population	20(20%)	15(15%)	7(7%)	8(8%)	50(50%)
Total	42(42%)	40(40%)	8(8%)	10(10%)	100(100%)

Discussion: The above table represents availability of safe drinking water.25% women reported that they get proper drinking water from supply lines and street taps.22% of the male respondents said that they get proper drinking water at their house. Whereas 1% of the respondents who are men said that they don't get safe drinking water properly. 2% of the respondents who are female reported that they do not get safe drinking water.Maximum respondents use supply lines for drinking water.20% of the respondents who are men said that they get safe drinking water properly from supply line pipes.15% of the respondents who are women also get safe drinking water.7% of the respondents who are men reported that they don't get proper safe drinking water. They use community wells and street taps also.8% who are women in rural areas reported that they don't get safe drinking water.

Table No: 7. Availability of proper sanitary system

Place/area of residence	Yes		No		Total
	Male	Female	Male	Female	
Kalyani Township(Block-B)/Urban population	21(21%)	26(26%)	2(2%)	1(1%)	50(50%)
Villages in Kalyani Municipality area (Macherchar/Char-Kanchrapara/Chasorhati)Rural Population	15(15%)	16(16%)	12(12%)	7(7%)	50(50%)
Total	36(36%)	42(42%)	14(14%)	8(8%)	100(100%)

Discussion: 26% of the respondents reported that they have bathrooms inside the house and 21% of the respondent said that they also have bathrooms inside the house.2% of the respondents who are men reported that they do not have bathrooms inside the house.1% of the respondents reported that they do not have bathrooms inside the house.In the urban area,16% of the respondents reported that, they have proper toilets in the house,15% of the respondents said that they have bathrooms inside the house.12% of the respondents said that they do not have bathrooms inside the house.Whereas,7% of the respondents who are women in rural areas said that they don't have bathrooms inside the house.

It is noted that 42% of the female respondents reported they have proper bathrooms inside the house.It is seen that very few people do not have bathrooms inside the house.

Table No: 8. Availability of cooking fuel

Place/area of residence	Yes		No		Total
	Male	Female	Male	Female	
Kalyani Township(Block-B)/Urban population	23(23%)	27(27%)	---	---	50(50%)
Villages in Kalyani Municipality area(Macherchar/Char-Kanchrapara/Chasorhati) Rural Population	18(18%)	7(7%)	9(9%)	16(16%)	50(50%)
Total	41(41%)	34(34%)	9(9%)	16(16%)	100(100%)

Discussion: The above table represent availability of cooking fuel of the respondents from various sources.41% of the respondents said that they use cooking gas.Whereas,16% of the respondentswho are women,use kerosene or firewood in rural area.34% of the respondent who use cooking gas, are women.Whereas, and 9% of the respondents use kerosene for cooking.

The striking feature is that majority of the respondents get adequate cooking fuel.In rural area majority of people use firewood or kerosene for cooking.Majority of respondents are women.

Table No: 9. Possession of personal Bank A/C

Place/area of residence	Yes		No		Total
	Male	Female	Male	Female	
Kalyani Township(Block-B)/Urban population	16(16%)	12(12%)	7(7%)	15(15%)	50(50%)
Villages in Kalyani Municipality area(Macherchar/Char-Kanchrapara/Chasorhati)Rural Population	13(13%)	8(8%)	14(14%)	15(15%)	50(50%)
Total	29(29%)	20(20%)	21(21%)	30(30%)	100(100%)

Discussion: The above table represents whether the respondent has a personal bank account or not. 30% of female reported that they do not have a personal bank account.Whereas 21% of the respondents who are men interested in personal Bank accounts. 20% reported that they have personal bank account and 29% reported that they do have a personal bank account.

Therefore they had a joint account either with the spouse or with the children. This table reveals that most of the respondents have personal bank accounts which indicate their positive access to financial resources.

Table No: 10. Sufficient money to satisfy basic needs

Place/area of residence	Yes		No		Total
	Male	Female	Male	Female	
Kalyani Township(Block-B)/Urban population	15(15%)	17(17%)	8(8%)	10(10%)	50(50%)
Villages in Kalyani Municipality Area(Macherchar/Char-Kanchrapara/Chasorhati)Rural Population	12(12%)	6(6%)	15(15%)	17(17%)	50(50%)
Total	27(27%)	23(23%)	23(23%)	27(27%)	100(100%)

Discussion: The table represents 17% of the respondents who are female reported they have sufficient money to satisfy and to fulfil their basic needs.15% of the respondents who are men in the urban areas reported that they are satisfy with their amount. Whereas 10% reported who are female they are not satisfied with their amount of money. 8% of the respondents who are male in the urban areas said that they are not fully satisfied about their amount of money.They are trying to do extra work for earning money.

17% reported that they don't have sufficient money to fulfil their basic need.Maximum people are housewife whereas 15% of the respondents said that they don't have enough money to satisfy their basic needs.12% of the respondents who are men in rural areas said that they have sufficient money to satisfy their basic needs. 6% of the respondents who are female in the rural areas said that they also have money to fulfil their desire.

It is noted that maximum housewives do not have enough money to fulfil their basic needs.

Table No: 11. Children provide Monthly Expenses to the parents

Give Monthly expenditure	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
1-2 children	12(12%)	9(9%)	14(14%)	12(12%)	47(47%)
2-3	4(4%)	7(7%)	1(1%)	5(5%)	17(17%)
3-4	2(2%)	3(3%)	3(3%)	3(3%)	11(11%)
4-5	1(1%)	-	-	2(2%)	3(3%)
5-6	-	2(2%)	1(1%)	-	3(3%)
6 –above	2(2%)	2(2%)	-	-	4(4%)
None	2(2%)	4(4%)	8(8%)	1(1%)	15(15%)
Total	23(23%)	27(27%)	27(27%)	23(23%)	100(100%)

Discussion: The above table represents the number of earning children giving money to the respondents for their monthly expenditure 15% of the respondents don't receive any money for their monthly expenditure,47% of the respondents receive monthly expenditure from one child,17% of the respondents receive monthly expenditure from two children,11% of the respondents receive from three children and 3% of the respondents receive from four children,3% of the respondents receive monthly expenditure from five children and 4% of the respondents receive monthly expenditure from six children and above. This indicates that majority of the respondents are self dependent and therefore do not expect monthly expenditure from their children. Others who do not have children naturally do not receive money from anybody. There were only few cases where the earning children are unwilling to give monthly expenditure to the respondents.

Table No: 12. Nature of spending pocket money

Spend pocket money	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area (Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
For self Development	8(8%)	8(8%)	5(5%)	7(7%)	28(28%)
Purchasing for other goods	2(2%)	5(5%)	3(3%)	8(8%)	18(18%)
Purchasing of necessary goods	5(5%)	8(8%)	9(9%)	3(3%)	25(25%)
Medical purpose	8(8%)	6(6%)	10(10%)	5(5%)	29(29%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the way the respondent spends his or her pocket money. 29% of the respondents spend their pocket money for their medical needs, 28% of the respondents spend their pocket money of their own self development, 25% of them spend it for purchasing of necessary goods and 18% of them spend it to purchase for others. Hence we can say that among Hindu community the elders are economically well off.

The result states that majority of the respondents use their pocket money for medical purposes.

Table No: 13. Participation in family budget issues and familial decision

Place/area of residence	Yes		No		Total
	Male	Female	Male	Female	
Kalyani Township(Block-B)/Urban population	7(7%)	17(17%)	16(16%)	10(10%)	50(50%)
Villages in Kalyani Municipality Area(Macherchar/Char-Kanchrapara/Chasorhati)Rural Population	17(17%)	15(15%)	10(10%)	8(8%)	50(50%)
Total	24(24%)	32(32%)	26(26%)	18(18%)	100(100%)

Discussion: The above table represents the nature of participation in family budget issues.17% of the respondents who are women participate in family budget issues, whereas,16% of the respondents who are men don't participate in family budget issues,10% of the respondents who are women in urban areas don't participate in family budget issues.7% who are mostly men in urban areas reported that they participate in family budget issues.12% of the respondents who are men participate in family budget issues.15% of the respondents who are women also participate in family budget issues.10% who are men reported that they don't participate in family budget issues.8% who are women in rural areas reported don't participate in family budget issues.

This implies that the majority of the populations take part in family budget discussions. Especially women respondents are very much involved in family budget issues.

Table No: 14. Economic dependence on children

Place/area of residence	Yes		No		Total
	Male	Female	Male	Female	
Kalyani Township(Block-B)/Urban population	12(12%)	10(10%)	11(11%)	17(17%)	50(50%)
Villages in Kalyani Municipality area(Macherchar/Char-Kanchrapara/Chasorhati)Rural Population	17(17%)	7(7%)	10(10%)	16(16%)	50(50%)
Total	29(29%)	17(17%)	21(21%)	33(33%)	100(100%)

Discussion: The above table represents the economic dependence of the respondents.17% of the respondentswho are men are economically dependent upon their children.7% of the respondents who are women in rural areas are dependent upon their children.Whereas,12% of the respondents who are men in urban areas are economically dependent upon their children.10% of the respondents reported that they are economically dependent areas.Maximum female persons are dependent on their family members.17% of the respondents who are female are not economically dependent on their children.Maximum female respondents have pension systems.They don't need to take help financially from their children.11% of the respondents who are men in urban areas do not take any economic help from their children.

10% reported that they do not take help economically from their children.Whereas 16% of the respondents who are women in rural areas are not economically dependent on their children.Maximum women were engaged in agricultural activities with family members for earning money.

Therefore, the above table represents that a good percentage of the respondents are economically independent though majority of the respondents are dependent on their children's income.

Table No: 15. Sources of Income

Income source	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Post office(M.I.S)	7(7%)	9(9%)	8(8%)	9(9%)	33(33%)
Fixed Deposit(F.D)	7(7%)	3(3%)	-	3(3%)	13(13%)
Mutual Funds and Shares	4(4%)	6(6%)	7(7%)	-	17(17%)
LIC	5(5%)	7(7%)	6(6%)	5(5%)	23(23%)
Not Applicable	-	2(2%)	6(6%)	6(6%)	14(14%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the nature of income of the respondents from various sources.33% had an earning from Post Office(M.I.S).Whereas,14% reported that they did not earn from Post Office(M.I.S),addressing to the second source of income,13% draws earning from Fixed Deposits,whereas 17% did not do so.They depend on Mutual Funds and Shares.Maximum percentage of respondents draw income from fixed deposits.This is mostly due to the fact that in Hindu community,aged women who were housewives usually save the money, they receive in the form of gifts in several occasions as fixed deposits.23% of the respondents who are mostly male persons have LIC schemes.It is to be noted that, 13% have no income from Shares and Mutual Funds, whereas, 17% are earning from the Shares and

Mutual Funds.Percentage of male respondents investing in Shares and mutual funds is predominant.23% have LIC policies. Whereas, 14% reported to be without any LIC schemes.

It reveals that the majority of female respondents who do not have any children depend on husband's pensions or self-deposit pensions after expiry of their husband.

Table No: 16. Irritation at regarding late arrival of monthly expenditure from children

Place/area of residence	Yes	No	Na	Total
Kalyani Township(Block-B)/Urban population	15(15%)	26(26%)	9(9%)	50(50%)
Villages in Kalyani Municipality Area(Macherchar/Char-Kanchrapara/Chasorhati)Rural Population	19(19%)	26(26%)	5(5%)	50(50%)
Total	34(34%)	52(52%)	14(14%)	100(100%)

Discussion: The above table represents the feeling of hesitation or irritation of the respondents if their children delay in giving monthly expenditure to the respondents. 52% reported that there is no such feeling of irritation or hesitation if the children delay in giving the monthly expenditure, 34% reported the prevalence of such feeling.The question was not applicable to 14% of the respondents since they do not have any children.

The above data reveals that though majority of the respondents do not feel hesitation or irritation if their children delay in giving their monthly expenses, yet a good percentage do feel so if they do not receive monthly expenses timely.

Table No: 17. Dilemma regarding utilization of son's income by the daughter in law

Place/area of residence	Yes	No	Na	Total
Kalyani Township(Block-B)/Urban population	24(24%)	17(17%)	9(9%)	50(50%)
Villages in Kalyani Municiplaity Area (Macherchar/Char-Kanchrapara/Chasorhati)Rural Population	23(23%)	22(22%)	5(5%)	50(50%)
Total	47(47%)	39(39%)	14(14%)	100(100%)

Discussion: The above table represents whether the respondent feels bad if their sons give the entire money to daughter-in-laws.47% felt bad if the son gave the entire money to the daughter-in laws, 39% did not feel bad if the entire money was given to the daughter in law and for 14% the study was not applicable since they do not have any sons.

Since majority of the respondents reported that they did feel bad even if the money was given to the daughter-in-laws it reveals that either the relationship with the sons and daughter-in-laws is cordial or the sons are allowed to draw only limited amounts from the joint family businesses which are originally owned by the respondents themselves.

Table No: 18. Dissatisfaction regarding availability of son's income

Place/area of residence	Yes	No	Na	Total
Kalyani Township(Block-B)/Urban population	23(23%)	18(18%)	9(9%)	50(50%)
Villages in Kalyani Municipality Area(Macherchar/Char-Kanchrapara/Chasorhati) Rural Population	22(22%)	23(23%)	5(5%)	50(50%)
Total	45(45%)	41(41%)	14(14%)	100(100%)

Discussion: The above table represents that whether the respondents feel economic dissatisfaction after the marriage of the respondents' son.45% reported yes, 41% reported no to the above question, and 14% reported not applicable.

The above distribution reveals that though majority of the respondent do not feel economic dissatisfaction after son's marriage yet a good percentage of the respondents feel it.

Table No: 19. Support from daughter in crisis time

Place/area of residence	Yes		No		Total
	Male	Female	Male	Female	
Kalyani Township(Block-B)/Urban population	16(16%)	8(8%)	7(7%)	19(19%)	50(50%)
Villages in Kalyani Municipality Area(Macherchar/Char-Kanchrapara/Chasorhati) Rural Population	15(15%)	10(10%)	12(12%)	13(13%)	50(50%)
Total	31(31%)	18(18%)	19(19%)	32(32%)	100(100%)

Discussion: The above table represents of the respondent's daughters are more helpful at the time of need and crisis.19% of the respondents said that they donot get help at the time of need and crisis.They are female,whereas 16% of the respondent in urban area said that they get help at crisis time from daughter.They are male.8% of the respondent said that they get support from daughter at the crisis time and 7% of the respondent in urban area reported that they don't need help from daughter, in any crisis time in urban area.15% of the respondents said that they get proper support from daughter.10% reported that they also need help from daughter at the time of need and crisis .They are female in rural area.12% of the respondents said that they don't need help from daughter in their crisis time.13% of the respondents said that they don't need help and support from daughter in their crisis time they are women in rural area.It is noted that very few male respondent said that they don't need help from daughter in their crisis time.

Table No: 20. Preference for nuclear family or joint family

Place/area of residence	Nuclear Family		Joint Family		Total
	Male	Female	Male	Female	
Kalyani Township(Block-B)/Urban population	9(9%)	19(19%)	14(14%)	8(8%)	50(50%)
Villages in Kalyani Municipality Area (Macherchar/Char-Kanchrapara/Chasorhati)Rural Population	8(8%)	12(12%)	19(19%)	11(11%)	50(50%)
Total	17(17%)	31(31%)	33(33%)	19(19%)	100(100%)

Discussion: The above table shows whether the respondents prefer to live in nuclear or joint family.48% of respondents reported that they think nuclear family is good enough for better standard of living, 52% reported that they think joint family is good enough for better standard of living.

The above distribution reveals that maximum respondents are interested in living in joint family structure.

Table No: 21. Support by family members or relatives/any other person

Place/area of residence	Yes		No		Total
	Male	Female	Male	Female	
Kalyani Township(Block-B)/Urban population	15(15%)	11(11%)	8(8%)	16(16%)	50(50%)
Villages in Kalyani Municipality Area(Macherchar/Char-Kanchrapara/Chasorhati)Rural Population	18(18%)	14(14%)	9(9%)	9(9%)	50(50%)
Total	33(33%)	25(25%)	17(17%)	25(25%)	100(100%)

Discussion: The above table represents that whether the respondents get proper help and support from their family members or others when needed. 33% of the respondents who are male said that they got proper help and support by family members or other when needed.While 25% of the female respondents said that they don't get help and support from family members or other when needed. Whereas 17% reported they also don't get help from family members.25% of the female respondents reported that they need support from family members.

Table No: 22. Trouble related to economic security

Economic Problem	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Low income	7(7%)	11(11%)	6(6%)	5(5%)	29(29%)
Costly Medicine	9(9%)	7(7%)	10(10%)	7(7%)	33(33%)
Housing	3(3%)	3(3%)	4(4%)	6(6%)	16(16%)
No support from others sources	4(4%)	6(6%)	7(7%)	5(5%)	22(22%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The table represents the economic problem of the respondents.33% reported that they have faced economic problems to purchase their costly medicines.29% reported that they have low income.22% reported that they do not get support from others during serious economic problems.16% reported that they have faced housing problems.

It is noted that majority of the respondents said they have faced economic problems in purchasing costly medicines.

Table No: 23. Trouble for getting pension from the Government

Trouble for getting pension	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Waiting in a long queue	4(4%)	6(6%)	4(4%)	3(3%)	17(17%)
Return due to link failure or malfunctioning of machine	3(3%)	2(2%)	1(1%)	-	6(6%)
Not familiar with use of ATM	-	5(5%)	6(6%)	11(11%)	22(22%)
Physical Disability to go to bank	2(2%)	6(6%)	-	2(2%)	10(10%)
NA	14(14%)	8(8%)	16(16%)	7(7%)	45(45%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the nature of getting in using the pension from the government.22% of the respondents said that they are not familiar in using the ATM.17% of the respondents reported that they have to wait in a long queue when they visit banks.10% reported that they cannot go to banks due to physical disabilities.6% reported that they face problem occasionally due to link failure or malfunctioning of machines at banks.45% of the respondents reported that they do not face any such problems.

Table No: 24. Preference for suitable jobs at later stage

Place/area of residence	Yes		No		Total
	Male	Female	Male	Female	
Kalyani Township(Block-B)/Urban population	9(9%)	12(12%)	14(14%)	15(15%)	50(50%)
Villages in Kalyani Municipality Area(Macherchar/Char-Kanchrapara/Chasorhati)Rural Population	19(19%)	14(14%)	8(8%)	9(%)	50(50%)
Total	28(28%)	26(26%)	22(22%)	24(24%)	100(100%)

Discussion: The above table represents whether the respondents accept suitable job to earn money.15% of the respondents who are women reported that they don't engage in any suitable job to earn money at present.14% of the respondents who are men also said that they don't need any job to earn money.12% of the respondents who are women said that they accept job to earn money at present.9% who are men in urban areas reported that they were engaged in job to earn money.19% who are men in rural areas reported that they were engaged in suitable job to earn money.Whereas,14% of the respondents who are women said that they did job to earn money.8% who are men in rural areas reported that they did not get job to earn money.They are not able to work. Whereas 9% of the respondents who are women in rural areas did not engaged in job to earn money.This is mostly because either the respondents do not have time to spend any suitable job to earn money or they are not interested to earn money.

Table No: 25. Decision making capacity in major issues

Decision Making	Kalyani Township (Bock - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Spouse	7(7%)	7(7%)	9(9%)	7(7%)	30(30%)
Son	3(3%)	3(3%)	2(2%)	4(4%)	12(12%)
Daughter	1(1%)	1(1%)	2(2%)	3(3%)	7(7%)
Grandchildren	---	---	---	---	0(0%)
Own	2(2%)	2(2%)	3(3%)	2(2%)	9(9%)
Daughter in law	1(1%)	1(1%)	2(2%)	---	4(4%)
Collective decisions	9(9%)	13(13%)	9(9%)	7(7%)	38(38%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the power for making final decisions in major issues in their home.38% of the respondents reported that they have taken collective decisions in their houses.30% reported that the spouse makes the final decision in major issues of their houses.12% reported,sons make final decisions in major issues for buying something for essentials etc.7% reported that daughters take decisions for buying or selling property.9% reported that they do not make final decisions.No decisions are made by grandchildren.4% of respondents said daughters in law usually make final decisions for marriage purposes in their houses.

Table No: 26. Role in familial affairs

Place/area of residence	Participation in social matters		Participation in Religious matters		Participation in household matters		Total
	Male	Female	Male	Female	Male	Female	
Kalyani Township(Block-B)/Urban population	13 (13%)	9 (9%)	6 (6%)	15 (15%)	4 (4%)	3 (3%)	50 (50%)
Villages in Kalyani Municipality Area(Macherchar/Char-Kanchrapara/Chasorhati) Rural Population	5 (5%)	4 (4%)	8 (8%)	11 (11%)	14 (14%)	8 (8%)	50 (50%)
Total	18 (18%)	13 (13%)	14 (14%)	26 (26%)	18 (18%)	11 (11%)	100 (100%)

Discussion: The above table represents the role of the respondents in various familial issues. 31% of the respondents reported that the family members include the aged members in different discussions and accept participation of the elderly in social matters.40% of the respondents participate in religious matters.

Table No: 27. Nature of spending leisure time

Communication with family	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area (Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Face to face interaction at home	8 (8%)	8 (8%)	13 (13%)	7 (7%)	36 (36%)
Over telephone	3 (3%)	12 (12%)	8 (8%)	10 (10%)	33 (33%)
Video conference	3 (3%)	2 (2%)	3 (3%)	3 (3%)	11 (11%)
Takes the respondent for marketing	4 (4%)	2 (2%)	1 (1%)	1 (1%)	8 (8%)
Takes the respondent to relative's house	3 (3%)	3 (3%)	2 (2%)	2 (2%)	10 (10%)
Any other	2 (2%)	---	---	---	2 (2%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the ways the family spends time with the respondents.Firstly, 36% reported that they have face to face relationship with the family members.

Secondly, 33% of the respondents don't have any communication with the family members i.e they communicate over the telephone.Whereas 11% of the respondents use video conferences,whatsapp chatting, Skype,or emails.8% reported that the family members do take them out for marketing.10% reported that the family members take them to the relative's houses.2% reported they are not able to communicate so much for their poor health condition.This is mostly because either the family members do not have time to spend with the respondent or else the respondent himself or herself is not interested to pay a visit to the relatives place due to poor health condition.

Table No: 28. Loss of Relatives/Children in the family

Lost of Family Members	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area (Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Spouse	13(13%)	25(25%)	8(8%)	15(15%)	61(61%)
Sons	1(1%)	-	-	1(1%)	2(2%)
Daughter	-	-	-	-	0(0%)
Grandchildren	-	-	-	-	0(0%)
None	9(9%)	2(2%)	19(19%)	7(7%)	37(37%)
Total	23(23%)	27(27%)	27(27%)	23(23%)	100(100%)

Discussion: The above table represents the family members lost by the respondents.37% have lost no one in the family,61% lost their spouses and 2% lost their sons.No one has lost their daughters and grandchildren.

The above data reveals that the loss of spouse is experienced more than the loss of sons though the impact of the latter is more than the former.

Table No: 29. Bereavement due to loss

His/Her Absence Effect	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area (Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Yes	14(14%)	25(25%)	8(8%)	16(16%)	63 (63%)
No	9(9%)	2(2%)	19(19%)	7(7%)	37 (37%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents whether the loss of the person affected the respondent 37% reported that they were not affected mainly because they did not experience the loss,whereas,63% were affected by the loss.

Table No: 30. Causes of sad moments

Sad/ Trauma deprivation	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area (Majherchar/ Char Kanchrapara/Chasorhati)/ Rural Population Male (%)	Female (%)	Total (%)
Low socio-economic status	9(9%)	13(13%)	16(16%)	8(8%)	46(46%)
Parental divorce	-	-	-	-	0(0%)
Parental death	7(7%)	4(4%)	2(2%)	5(5%)	18(18%)
Poverty in early life	4(4%)	9(9%)	8(8%)	10(10%)	31(31%)
Physical and sexual abuses in early period	-	-	-	-	0(0%)
Others	3(3%)	1(1%)	1(1%)	-	5(5%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the sad moments of the respondents.46% reported that they do experience sadness for lower socio economic status.Whereas 31% reported that they faced poverty in early days.There has been no parental divorce.18% reported they were sad due to parental death.5% reported they were sad due to the loss of their spouses.There were no physical and sexual abuses reported in their early period.

Table No: 31. Respect from family members

Respect family members	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Permission is taken regarding household matter	3(3%)	7(7%)	4(4%)	8(8%)	22(22%)
Family members buy any property in parent's name	3(3%)	3(3%)	7(7%)	2(2%)	15(15%)
Family members taking permission before going out of the house	10(10%)	13(13%)	14(14%)	11(11%)	48(48%)
Not at all	7(7%)	4(4%)	2(2%)	2(2%)	15(15%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents whether the family members respect the respondents. 48% of the respondents reported that the family members do take permission every time before going out of the house.22% of the respondents view that the permission is not taken from them regarding household matters.15% of the respondents stated that the family members do buy the property either in their name or joint names, 15% reported that they do

not get proper respect from family members.The data represents that majority of the respondents are respected by the family member.

Table No: 32. Feeling of being neglected

Negligence from family members	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Family consider as a burden	7(7%)	4(4%)	11(11%)	8(8%)	30(30%)
Grandchildren do not respect	2(2%)	3(3%)	5(5%)	5(5%)	15(15%)
Family consider as worthless	7(7%)	7(7%)	5(5%)	5(5%)	24(24%)
Others	3(3%)	8(8%)	4(4%)	2(2%)	17(17%)
Not Reported	4(4%)	5(5%)	2(2%)	3(3%)	14(14%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the respondents' feeling of being neglected by the other family members.30% reported that their family does not consider them as burden, whereas a small portion of the population thinks that the family considers them as burden.Secondly, 15% of the respondents reported that the grandchildren pay high respect to them, whereas, 15% reported that the grand children do not give proper respect to them. Thirdly, 24% reported that the family consider them as worthless.14% of the respondents did not report about their feeling being ignored.17% of the respondents reported about their feeling of being neglected by the other family members.

Table No: 33. Belief in karma philosophy

Financial problem to by medicine	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Yes	17 (17%)	19(19%)	21(21%)	15(15%)	72(72%)
No	6(6%)	8(8%)	6(6%)	8(8%)	28(28%)
Total	23(23%)	27(27%)	27(27%)	23(23%)	100(100%)

Discussion: The above chart represents the nature of religious beliefs of the respondents. Almost all the respondents about 72% believe in the Karma Philosophy, whereas only 28% do not believe in the Karma Philosophy.

This indicates that the respondents hold a very strong religious belief.

Table No: 34. Belief in keeping promises in the name of God

Place/area of residence	Yes		No		Total
	Male	Female	Male	Female	
Kalyani Township(Block-B)/Urban population	10(10%)	18(18%)	13(13%)	9(9%)	50(50%)
Villages in Kalyani Municipality Area(Majherchar/Char-Kanchrapara/Chasorhati)Rural Population	14(14%)	19(19%)	13(13%)	4(4%)	50(50%)
Total	24(24%)	37(37%)	26(26%)	13(13%)	100(100%)

Discussion: The above table represents whether the respondents believe in keeping promises in the name of God for the fulfilment of their desire.61% of the respondents believe in keeping promises in the name of the God, only 39% of the respondents do not believe in it.

It is noted that majority of the respondents believe in keeping promises in the name of God.

Table No: 35. Satisfaction from Religious Activity

Religious Activity	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Reading epics/religious book	10(10%)	8(8%)	8(8%)	4(4%)	30(30%)
Worship	8(8%)	9(9%)	11(11%)	7(7%)	35(35%)
Fasting	1(1%)	5(5%)	2(2%)	7(7%)	15(15%)
Others	4(4%)	5(5%)	6(6%)	5(5%)	20(20%)
Total	23(23%)	27(27%)	27(27%)	23(23%)	100(100%)

Discussion: The above table represents the respondents' satisfaction from different types of Religious Activity 30% of the respondents gain satisfaction by reading religious epics.Secondly, 35% consider regular worship as a source of satisfaction from a religious activity.Thirdly 15% reported that they do practise fasting as a part of religious activity.

Table No: 36. (a) Frequency of religious tours

Frequency	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area (Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Yearly	9(9%)	7(7%)	13(13%)	6(6%)	35(35%)
Half yearly	3(3%)	5(5%)	5(5%)	7(7%)	20(20%)
Quarterly	5(5%)	8(8%)	2(2%)	4(4%)	19(19%)
Never	6(6%)	7(7%)	7(7%)	6(6%)	26(26%)
Total	23(23%)	27(27%)	27(27%)	23(23%)	100(100%)

Discussion: The above table represents the respondents' frequency of religious tours 35 % reported that they every year go for religious tours, 26% reported that they never go for religious tours for several factors mainly due to health,20% go for religious tour every six months i.e. half-yearly basis,19% go every three months i.e. on quarterly basis.

(b) Nature of Social Gathering regarding religious functions

Frequency	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
With Family members	4(4%)	8(8%)	6(6%)	8(8%)	26(26%)
With Neighbour	2(2%)	6(6%)	3(3%)	3(3%)	14(14%)
With Relatives	8(8%)	4(4%)	8(8%)	2(2%)	22(22%)
Friends	3(3%)	2(2%)	3(3%)	4(4%)	12(12%)
Never	6(6%)	7(7%)	7(7%)	6(6%)	26(26%)
Total	23(23%)	27(27%)	27(27%)	23(23%)	100(100%)

Discussion: The above table represents the nature of social gathering participated by the respondents during the religious occasions.26% reported that family members participate in most of the religious functions.Whereas, only 76% of the respondents reported that family members do not participate in religious functions.This is mainly due to the fact that sons and daughters stay in different cities or countries.Very few cases reported for non cordial relations with the sons and daughter-in-laws.

Secondly, 14% reported that their neighbours participate in the religious functions.Whereas, only 86% reported that their neighbours did not participate in the religious functions.

Thirdly, 22% reported that the relatives join the religious functions, whereas, only78% reported that relatives do not participate in the religious functions.

Fourthly, 12% reported that the friends participate in the religious functions.Whereas, only 88% reported that friends do not participate in the religious functions.

Finally, 26% reported that they never went for any religious functions.

Table No: 37. Importance of Religious Tours

Purpose of Tour activity	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Increases spiritual knowledge	5(5%)	13(13%)	10(10%)	5(5%)	33(33%)
Increases social network & interaction	8(8%)	5(5%)	10(10%)	8(8%)	31(31%)
Breaks the monotony of day to day life	10(10%)	9(9%)	7(7%)	10(10%)	36(36%)
Total	23(23%)	27(27%)	27(27%)	23(23%)	100(100%)

Discussion: The above table represents the importance of religious tours in the respondents' life. 36% agreed that religious tours break the monotomy of the everyday life.

Secondly, 33% views that religious tours increase their spiritual knowledge.

Thirdly, 31% believe that religious tours help in strengthening their Social network.

Hence the data character reveals that religious tours are important in the respondents' life in many ways.Maximum people agreed with the idea that such tours increase their spiritual knowledge and help to keep them cool at the moment of crisis.A huge percentage of them also viewed that tours help to break the monotomy of everyday life.

Table No: 38. Effect of religiosity on life satisfaction

Practice of rituals	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area (Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Keeps cheerful	11(11%)	5(5%)	5(5%)	5(5%)	26 (26%)
Keeps cool at moments of crisis	3(3%)	8(8%)	10(10%)	7(7%)	28 (28%)
Keeps engage	5(5%)	11(11%)	8(8%)	8(8%)	32 (32%)
Gives solace	4(4%)	3(3%)	4(4%)	3(3%)	14 (14%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the ways in which the practice of religious engagement helps the respondent.32% believes that the practice of religion positively influences life satisfaction and thereby helps to fight back loneliness.

Secondly, 28% views that the religious practices keep one cool at the moments of crisis

Thirdly, 26% believes that the practice of religion helps to keep oneself cheerful and motivated.

Finally, 14% believes that religious practices give one solace.

It represents that majority of the respondents believe in religious activities in several ways.Maximum percentages of respondents viewed that the practice of religion keeps oneself engaged with good association.

Table No: 39. Celebration of major religious festivals

Celebrate religious festivals through	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Gift Exchange	11(11%)	13(13%)	14(14%)	15(15%)	53 (53%)
Money Exchange	9(9%)	12(12%)	11(11%)	5(5%)	37 (37%)
Any other things exchange	3(3%)	2(2%)	2(2%)	3(3%)	10 (10%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the respondents' natures of celebration of religious festivals.53% celebrate by exchanging gifts among relatives and friends.

Secondly, 37% reported that they do exchange money during religious festivals.

Thirdly, 10% reported that they do celebrate by exchanging ornaments or exchanging sweet among neighbours,relatives and friends during religious festivals.This increases and maintains their social network, thereby keeping them more connected.They do practise exchanging sweets during religious festivals.

Hence, the table reveals that during religious festivals exchanging ornaments and money frequent is less than exchanging gifts.This indicates the economic strength as well as the strength of the community networks.

Table No: 40. Preference for worship in everyday life

Worship to preferred God	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Everyday worship	14(14%)	13(13%)	13(13%)	11(11%)	51 (51%)
Twice in a week	3(3%)	7(7%)	10(10%)	8(8%)	28 (28%)
Thrice in a week	5(5%)	5(5%)	3(3%)	3(3%)	16 (16%)
Seldom	1(1%)	2(2%)	1(1%)	1(1%)	5 (5%)
Total	23(23%)	27(27%)	27(27%)	23(23%)	100(100%)

Discussion: The above table represents the respondents' frequency of worship of preferred Gods in every day life.51% reported that they worship their preferred God everyday.28% of the respondents reported that they do worship twice in a week.16% of the respondents reported that they do worship thrice in a week. Finally, 5% of the respondents reported that they do worship occasionally.

It is noted that majority of the respondents do worship their preferred Gods every day.

Table No: 41. Temple visits

Temple visit	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area (Majherchar/Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Once in a week	6(6%)	8(8%)	9(9%)	3(3%)	26 (26%)
Twice in a week	4(4%)	5(5%)	5(5%)	6(6%)	20 (20%)
Thrice in a week	6(6%)	8(8%)	6(6%)	2(2%)	22 (22%)
Not interested to go to the temple	4(4%)	2(2%)	4(4%)	6(6%)	16 (16%)
Not able due to Poor health condition	3(3%)	4(4%)	3(3%)	6(6%)	16 (16%)
Total	23(23%)	27(27%)	27(27%)	23(23%)	100 (100%)

Discussion: The table represents the frequency of the respondents' visits to temples.26% of the respondents reported that they are able to go to the Temple once in a week.22% reported that they pay visit the Temple twice in a week.20% of the respondents reported that they are able to go to the Temple thrice in a week.16% are not interested in going to the temple.16% are not able to go to the Temple due to poor health condition.

It is noted that majority of the respondents are interested in going to the Temple.

Table No: 42. Attachment with religious organization

Attachment	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Charitable work	-	2(2%)	-	-	2(2%)
Volunteer services	2(2%)	-	1(1%)	-	3(3%)
Reading Magazines	7(7%)	11(11%)	7(7%)	1(1%)	26(26%)
Actively participate in various social work	6(6%)	2(2%)	3(3%)	3(3%)	14(14%)
Religious trust members	5(5%)	8(8%)	9(9%)	11(11%)	33(33%)
Not at all	3(3%)	4(4%)	7(7%)	8(8%)	22(22%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The table represents of the respondents alliances with religious organizations.33% of the respondents reported that they are engaged with religious trusts and have memberships.26% of the respondents reported that they read religious magazines.22% of the respondents said that they do not engage themselves in any religious organizations.14% of the respondents reported that they participate in various social works.3% reported that they do volunteer services.2% reported that they do charity for religious organizations.

It is noted that majority of the people are engaged with religious trusts and have membership and participate in religious activities.

Table No: 43. Intake of food

Food intake	Breakfast		Lunch		Dinner		Total
	Sufficient	Insufficient	Sufficient	Insufficient	Sufficient	Insufficient	
Kalyani Township (Block - B)/Urban Population	10(10%)	9(9%)	8(8%)	6(6%)	9(9%)	8(8%)	50 (50%)
Villages in Kalyani (Majherchar/ Char Kanchrapara/ Chasorhati)/ Rural Population	7(7%)	9(9%)	14(14%)	5(5%)	10(10%)	5(5%)	50 (50%)
Total	17 (17%)	18 (18%)	22 (22%)	11 (11%)	19 (19%)	13 (13%)	100 (100%)

Discussion: The table represents that 17% of the respondents reported that they take sufficient breakfast, whereas 18% reported that they do not take sufficient breakfast.22% reported they take sufficient lunch, whereas 11% reported they do not take lunch sufficiently.19% reported that their dinner is sufficient.13% reported that they take insufficient dinner.

It is noted that most of the respondents take food properly.

Table No: 44. Availability of nutritional food

Availability	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area (Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Sufficient	19(19%)	15(15%)	11(11%)	9(9%)	54(54%)
Insufficient	4(4%)	12(12%)	16(16%)	14(14%)	46(46%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The table represents the respondent's proper diet or nutritional food is available for the respondents.54% of the respondents said that they take sufficient nutritional food and do not suffer from diseases arising from malnutrition.46% reported that they hardly take sufficient nutritional food.

It is noted that majority of the respondents get nutritional food.

Table No: 45. Preference for chosen food

Choise of food	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Timely not getting food	11(11%)	9(9%)	4(4%)	7(7%)	31(31%)
Digestion problem	7(7%)	5(5%)	9(9%)	3(3%)	24(24%)
Lack of interest to take food	2(2%)	3(3%)	8(8%)	6(6%)	19(19%)
Others	3(3%)	10(10%)	6(6%)	7(7%)	26(26%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the choice of food in time for the respondents.31% of the respondents reported they do not take food timely.24% of the respondents reported that they have digestion problem.19% of the respondents reported that they have lack of interest to take food.26% reported that they have no problem in taking their chosen food.

It shows that majority of the respondents do not take their chosen food timely.

Table No: 46. Intake of Fast food in lieu of fresh food

Choise of fast food	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Yes	9(9%)	7(7%)	14(14%)	6(6%)	36 (36%)
No	14(14%)	20(20%)	13(13%)	17(17%)	64 (64%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the preference of taking "fast food" in lieu of fresh food.64% of the respondents reported that they do not take fast food in lieu of fresh food.36% of the respondents reported that they do take fast food.

It is noted that majority of the respondents do not take fast food in lieu of fresh food.

Table No: 47. Availability of family care

Nature of family care	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Timely food is served	8(8%)	12(12%)	10(10%)	11(11%)	41(41%)
Preferred menu served	3(3%)	5(5%)	8(8%)	6(6%)	22(22%)
Regular & timely doctor's check up	8(8%)	7(7%)	3(3%)	3(3%)	21(21%)
Timely medicine served	4(4%)	3(3%)	6(6%)	3(3%)	16(16%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the nature of family care of the respondents. 41% of the respondents reported that the food is served on time whereas, 59% of the respondents reported irregularity in being served food on time.It is mostly because they are female respondents who still are responsible for serving food on time for other family members or male elder respondents living alone since the spouses and the sons' families stay far away from them.

Secondly, 22% reported that they get their preferred food menu, whereas, 78% reported that they don't get their preferred menu served.

Thirdly, 21% of the respondents receive regular and timely doctor's treatment, whereas, 79% respondents lack in regular and timely doctor's treatment.

Fourthly, 16% reported timely serving of medicine by the family members, whereas, 84% reported that timely medicine is not served.

The table represents that majority of the respondents don't lack family care needed for their health, mostly due to the prevalence of joint family structure.

Table No: 48. Assistance from government hospital/Financial constraint in purchasing medicines

Financial problem to purchase medicine	Kalyani Township (Block-B) /Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Yes	16(16%)	6(6%)	4(4%)	9(9%)	35(35%)
No	7(7%)	21(21%)	23(23%)	14(14%)	65(65%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table depicts how the respondents get free medical service at government hospitals.65% of the respondents reported that they do not get free medical service, whereas, 35% reported that they get free medical service at government hospitals.

It is noted that majority of the respondents do not get free medical service at government hospital.

Table No: 49. Sleeping properly at night

Sleep properly at night	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municiaplity Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Sleep properly	5(5%)	9(9%)	12(12%)	8(8%)	34(34%)
Take medicine	8(8%)	6(6%)	3(3%)	-	17(17%)
Not sleep Properly	3(3%)	8(8%)	8(8%)	12(12%)	31(31%)
Feel Anxiety	7(7%)	4(4%)	4(4%)	3(3%)	18(18%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the sleep pattern of the respondents. 34% of the respondents reported that they sleep properly at night.31% of the respondents reported that they do not sleep properly at night.18% of the respondents reported that they do not sleep properly due to the feeling of anxiety,whereas 17% reported that they have to take medicine at night for good sleep.

The table represents that majority of the respondents don’t sleep properly at night due to their anxiety and poor health condition.

Table No: 50. Chronic diseases in later stage

Chronic Illness	Kalyani Township (Block - B)/Urban Population		Villages in Kalyani Municipality Area (Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population		Total (%)
	Male (%)	Female (%)	Male (%)	Female (%)	
High blood pressure	5(5%)	7(7%)	3(3%)	4(4%)	19(19%)
Low blood pressure	3(3%)	5(5%)	3(3%)	2(2%)	13(13%)
Joint Pains	1(1%)	-	2(2%)	4(4%)	7(7%)
Diabetes	3(3%)	3(3%)	3(3%)	2(2%)	11(11%)
Asthma	-	2(2%)	-	-	2(2%)
Heart problem	2(2%)	1(1%)	2(2%)	-	5(5%)
Liver problems	-	-	1(1%)	-	1(1%)
Eye problem	4(4%)	3(3%)	6(6%)	5(5%)	18(18%)
Teeth problem	2(2%)	3(3%)	5(5%)	2(2%)	12(12%)
Piles	1(1%)	-	2(2%)	3(3%)	6(6%)
Constipation	1(1%)	2(2%)		-	3(3%)
Arthritis	1(1%)	-	-	1(1%)	2(2%)
Other	-	1(1%)	-	-	1(1%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the chronic health problems of the respondents.19% suffer from High blood pressure,18% suffer from eye problem,13% suffer from low blood pressure,12% have teeth problem,11% have diabetes,7% have joint pains,6% have Piles,5% have heart problem,3% have constipation,2% have asthma,2% have arthritis,1% have liver problems,and 1% have other health problems.

Hence it can be said that most of the respondents suffer from the problem of blood pressure irregularities and eye problems.Teeth problem is common among the respondents.

Table No: 51. Major Diseases during early life which affect in old age

Early life disease	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area (Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Eye problem	8(8%)	4(4%)	6(6%)	5(5%)	23(23%)
Diabetes	3(3%)	3(3%)	3(3%)	5(5%)	14(14%)
Heart problem	2(2%)	1(1%)	2(2%)	-	5(5%)
Joint pains	1(1%)	-	5(5%)	4(4%)	10(10%)
Asthma	-	2(2%)	-	-	2(2%)
Teeth problem	2(2%)	3(3%)	7(7%)	5(5%)	17(17%)
Others	3(3%)	5(5%)	2(2%)	3(3%)	13(13%)
No suffering	4(4%)	9(9%)	2(2%)	1(1%)	16(16%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents how occurrence of early life diseases of the respondents affects at the time of old age.23% the feedback of the respondents indicate that have eye problem, 17% have teeth problem, 14% have diabetes, 10% have joint pains, 5%

have heart problem, 2% have asthma, 13% have others diseases and 16% respondents are not suffering from any kind of early life disease.

Table No: 52. Financial crisis in buying medicine

Financial problem to by medicine	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area (Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Yes	9(9%)	18(18%)	21(21%)	16(16%)	64(64%)
No	14(14%)	9(9%)	6(6%)	7(7%)	36(36%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The table represents the financial problems of the respondents in buying medicines.64% of the respondents reported that they have faced problems in buying medicines,whereas 36% reported that they have not faced any problem in buying medicines due to lack of money.

It is noted that majority of the respondents are not able to buy their medicines.

Table No: 53. Suffering from different kinds of illnesses

Suffering for illness	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Malaria	-	-	-	-	0(0%)
Heart problem	2(2%)	1(1%)	2(2%)	-	5(5%)
Thyroid	-	-	-	-	0(0%)
Liver	-	-	1(1%)	-	1(1%)
Kidney problem	-	-	-	-	0(0%)
Joint Pains	1(1%)	-	2(2%)	7(7%)	10(10%)
No suffering	20(20%)	26(26%)	22(22%)	16(16%)	84(84%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the nature of suffering of the respondents due to illness.5% reported that they have heart problem, 1% reported that they have liver problem, 10% of the respondents have joint pains.84% of the respondents reported that they have not suffered from any major illness in their life.

It represents that maximum respondents are suffering from Joint pains.

Table No: 54. Decrease in work ability/stability to do work

Stability of work	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Work continued because it is light	2(2%)	13(13%)	3(3%)	10(10%)	28(28%)
Work stopped due to ill health	9(9%)	5(5%)	11(11%)	5(5%)	30(30%)
Work reduced because no responsibility	11(11%)	2(2%)	9(9%)	3(3%)	25(25%)
Left work because it was heavy	1(1%)	7(7%)	4(4%)	5(5%)	17(17%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents whether the respondents are still able to work.30% of the respondent reported that they stopped working due to ill health.28% reported that they continued working for light job because it is light.25% of the respondents reported that they reduced their work because they have no responsibility.17% reported that they left work because it was tedious.

It is noted that majority of the respondents said that they are not able to do any work due to their ill health condition.

Table No: 55. Feeling social isolation

Feel Isolation	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area (Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Change of Hometown	4(4%)	3(3%)	4(4%)	2(2%)	13(13%)
Physical Disability	2(2%)	3(3%)	1(1%)	-	6(6%)
Change of neighbourhood	4(4%)	2(2%)	2(2%)	7(7%)	15(15%)
Family members are not staying near	3(3%)	6(6%)	8(8%)	2(2%)	19(19%)
Do not attend social programs	2(2%)	3(3%)	4(4%)	3(3%)	12(12%)
Attend Social programs	8(8%)	10(10%)	8(8%)	9(9%)	35(35%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above chart represents the feeling of social isolation of the respondents.35% reported that they do attend any kind of social programs .19% reported that they do not attend social programs.19% of the respondents reported that their family members are not near them.15% do feel socially isolated due to change of neighbourhood.This is because previously most of them were located in the neighbourhood where the relationship between the neighbours was very intimate and cordial 13% reported that they do feel social isolation due to change of their hometown.

Finally, 6% reported that they are socially isolated due to physical disability since it restricts their tours and travelling, attending religious get-togethers and going to their relatives'

houses.The above table reveals that majority of the respondents feel social isolation due to physical disability.

Table No: 56. Awareness of special care during COVID-19

Special care	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
All times aware about sanitization	5(5%)	2(2%)	10(10%)	3(3%)	20(20%)
Use mask	8(8%)	9(9%)	5(5%)	8(8%)	30(30%)
Do not go outside regularly	2(2%)	5(5%)	4(4%)	3(3%)	14(14%)
Safe distance from another person	3(3%)	8(8%)	7(7%)	7(7%)	25(25%)
Others	5(5%)	3(3%)	1(1%)	2(2%)	11(11%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the nature of the respondents while taking any special care for the recent COVID-19 outbreak.30% of respondents reported that they put masks on their faces.25% reported that they do maintain safe distance from each other.20% of the

respondents reported that they sanitize their hands frequently.14% reported that they do not go outside unnecessarily.11% reported that they do not go to markets for shopping.

It is noted that must of the respondents are aware of their personal care.

Table No: 57. Mental Stress in old age

Mental Stress	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Sleeping problem	3(3%)	5(5%)	2(2%)	2(2%)	12(12%)
Economic dependence	5(5%)	9(9%)	4(4%)	4(4%)	22(22%)
Physical disability	3(3%)	4(4%)	8(8%)	5(5%)	20(20%)
Loneliness	8(8%)	5(5%)	5(5%)	4(4%)	24(24%)
Ignorance	4(4%)	4(4%)	8(8%)	6(6%)	22(22%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The table represents mental stress in old age.78% of the respondents reported that they do not feel mentally stressed due economic dependence since most of the respondents are still economically independent, whereas, only 22% feel mentally stressed due to economic dependence.

Secondly, 80% are not stressed due to physical disability, whereas, 20% are stressed due to physical disability.

Thirdly, 76% reported about the feeling of mental stress due to loneliness, whereas, 24% did consider themselves as lonely.

Fourthly, 78% did not report mental stress due to being neglected by others, whereas, 22% reported for the same.

Finally, 12% did not sleep properly; whereas, 88% reported they don't face any sleep difficulties.

The discussion reveals that majority of the respondents feel mental stress due to loneliness and physical disability. They feel stressed due to the feeling of loneliness, negligence by the family members and economic dependence.

Table No: 58. Awareness regarding latest treatment

Therapies adopted	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Yoga	9(9%)	8(8%)	7(7%)	8(8%)	32(32%)
Meditation	5(5%)	8(8%)	2(2%)	3(3%)	18(18%)
Counselling	1(1%)	3(3%)	-	-	4(4%)
Visit to Psychiatrist	1(1%)	-	-	-	1(1%)
Other	4(4%)	6(6%)	12(12%)	7(7%)	29(29%)
Not at all	3(3%)	2(2%)	6(6%)	5(5%)	16(16%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the respondents' awareness about the latest treatment.Firstly, 68% are not aware about yoga as a technique, whereas only 32% are aware about it. Thirdly, 82% are not aware of meditation, whereas, 18% are aware of it.This is because meditation is a form of religious practice. Fourthly, 96% are not aware of counselling as a powerful technique of reducing mental stress.Whereas, only 4% of the respondents are

aware of it. Finally,99% are not aware of psychiatric consultation for the feeling of mental stress, whereas, only 1% are aware of the psychiatric treatment and some of them are under doctor's treatment.29% of the respondents are likely to either walk or jogg for good health.16% reported that they do not need any kind of therapy for their health.

The above table represents that the elderly are not much aware about the latest treatment of mental stress and good health.

Table No: 59. Leisure time with other persons

Leisure/Spend timing	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area (Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
0-30min	12(12%)	8(%)	3(3%)	6(6%)	29(29%)
31-60 min	4(4%)	11(11%)	9(9%)	4(4%)	28(28%)
61-100min	5(5%)	4(4%)	4(4%)	8(8%)	21(21%)
101-200 min	2(2%)	4(4%)	8(8%)	2(2%)	16(16%)
201-400 min	-	-	3(3%)	3(3%)	6(6%)
401-600 min	-	-	-	-	0(0%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the time per day spent by the respondents in a day in several activities.Firstly,29% of the respondents spend 0-30 minutes time in a day with others.28% spend 31-60 minutes with others,21% spend 61-100 minutes with others,16% spend 101-200 minutes with others,6% spend 201-400 minutes.

Table No: 60. Watching movie/Film & listening to music in a day

Pass time	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
0-30min	9(9%)	4(4%)	3(3%)	7(7%)	23(23%)
31-60 min	6(6%)	7(7%)	9(9%)	4(4%)	26(26%)
61-100min	-	6(6%)	4(4%)	8(8%)	18(18%)
101-200 min	3(3%)	9(9%)	8(8%)	1(1%)	21(21%)
201-400 min	5(5%)	1(1%)	3(3%)	3(3%)	12(12%)
401-600 min	-	-	-	-	0(0%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the time spent by respondents in watching television and listening to music.26% spend 31-60 minutes in watching television/listen to music,23% spend 0-30 minutes for it,21% spend 101-200 minutes.18% spend 61-100 minutes for it, and 12% spend 201-400 minutes. No one spends time 401-600 minutes for it.

It may be inferred from the above that majority of the respondents spend more time in interacting with others or watching TV.

Table No: 61. Reading in leisure time

Minutes	Reading book	Magazines	Newspaper	Total (%)
0-30min	7(7%)	11(11%)	17(17%)	35(35%)
31-60 min	14(14%)	2(2%)	13(13%)	29(29%)
61-100min	8(8%)	6(6%)	6(6%)	20(20%)
101-200 min	3(3%)	4(4%)	8(8%)	15(15%)
201-400 min	-	-	1(1%)	1(1%)
401-600 min	-	-	-	0(0%)
Total	32(32%)	23(23%)	45(45%)	100(100%)

Discussion: In the above table the time by the respondents for reading per day has been represented.35% read for not more than 30 minutes, 29% read for 31-60 minutes, and 20% read for 61-100 minutes, and 15% read for 101-200 minutes, 1% read for 201-400 minutes.

A small proportion of the sample spend their leisure time by reading books and magazines and newspapers and their reading habit helps them to spend their leisure time in a beneficial way.

Table No: 62. Physical activities in a day

Frequency in minutes	Jogging	Walking	Yoga	Total (%)
0-30min	7(7%)	10(10%)	14(14%)	31(31%)
31-60 min	9(9%)	12(12%)	8(8%)	29(29%)
61-100min	6(6%)	9(9%)	7(7%)	22(22%)
101-200 min	4(4%)	6(6%)	3(3%)	13(13%)
201-400 min	1(1%)	2(2%)	2(2%)	5(5%)
401-600 min	-	-	-	-
Total	27(27%)	39(39%)	34(34%)	100(100%)

Discussion: The table represents the time spent per day by the respondents in a day for physical activity.31% of the respondents exercise for 0-30 minutes, 29% exercise for 31-60 minutes, 22% exercise for 61-100 minutes, 13% exercise for 101-200 minutes, 5% exercise for 201-400 minutes, and finally no one exercises for 401-600 minutes. They perform physical activities by jogging, walking and yoga.

It is noted that most of the respondents do physical activities every day.Majority of the respondents prefer to walk and practise yoga. Maximum respondents are aware about physical activities.

Table No: 63. Household activities

Household activities	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Cooking	3(3%)	5(5%)	4(4%)	9(9%)	21(21%)
Cleaning house	7(7%)	6(6%)	11(11%)	3(3%)	27(27%)
Ironing cloth	3(3%)	4(4%)	5(5%)	1(1%)	13(13%)
Marketing household items	8(8%)	6(6%)	3(3%)	4(4%)	21(21%)
Taking care of grandchildren	2(2%)	6(6%)	4(4%)	6(6%)	18(18%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the respondents' level of engagement in daily household activities.Firstly, 79% are not engaged in cooking, whereas, 21% respondents who are mostly women are engaged in cooking.Secondly, 73% do not engaged in clean the house, whereas only 27% are engaged in cleaning activities in the house.Thirdly, 87% do not iron their clothes whereas 13% iron the clothes.Fourthly,79% are not engaged in marketing household items, whereas 21% are engaged in marketing household items.Finally,18% take care of the grandchildren, whereas, 82% are not engaged in taking care of the grandchildren.

The above distribution reveals that most of the respondents are engaged in cleaning their house and taking care of their grandchildren.These respondents are mostly female.Some of them are also engaged in cooking. In urban areas most of the household works are performed by female .In rural areas male respondents are more active.

Table No: 64. Activities in leisure-time

Activities	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Gossiping	5(5%)	9(9%)	7(7%)	7(7%)	28(28%)
Gardening	3(3%)	4(4%)	10(10%)	3(3%)	20(20%)
Story telling	2(2%)	4(4%)	2(2%)	5(5%)	13(13%)
Reading	3(3%)	4(4%)	4(4%)	2(2%)	13(13%)
Listening to the radio	3(3%)	2(2%)	3(3%)	2(2%)	10(10%)
Writing letters	1(1%)	-	-	-	1(1%)
Meditation	3(3%)	1(1%)	-	-	4(4%)
Japa(repetition of God's name and devotion to God)	3(3%)	3(3%)	1(1%)	4(4%)	11(11%)
Total	23(23%)	27(27%)	27(27%)	23(23%)	100(100%)

Discussion: The above table represents the ways the respondents spend leisure time through activities.Firstly, 28% of the respondents are engaged in gossiping.Secondly, 20% who are mostly women do gardening in their home.13% of the respondents spend time by telling stories to their grandchildren.13% reported that they spend time reading magazine or newspaper.11% are involved in kirtan or Japa (repetition of God's name and devotion to God).10% of the respondents spend time listening to the radio and watching the television.4% of the respondents spend time with medition.1% reported that they spend time in writing letters.

The above table reveals that the elderly are not much aware about the latest treatment of mental stress.This is because meditation is a form of religious practice.The Hindus perform Japa regularly and are engaged in meditation on a daily basis.

Table No: 65. Availability of Institutional Care

Availability of care	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Yes	9(9%)	15(15%)	6(6%)	8(8%)	38(38%)
No	14(14%)	12(12%)	21(21%)	15(15%)	62(62%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents whether institutional care is common in the respondents' community.62% said that institutional care is common in their respondent's community whereas, 38% reported that now-a-days old age homes are becoming common in their community.It can be inferred from the above table that the level of awareness about old age home among Hindu community is not very low.

Table No: 66. Old age Home in community

Aware about old age home	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Yes	8(8%)	18(18%)	11(11%)	9(9%)	46(46%)
No	15(15%)	9(9%)	16(16%)	14(14%)	54(54%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents awareness of the presence of old age home and whether such home should be in the community or not.46% reported that they thought old age home should be in their community, whereas, 54% respondents do not appreciate that it should be in their community.

Table No: 67. Reasons for taking shelter at old age home

Reason	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Mental Pain	1(1%)	3(3%)	1(1%)	2(2%)	7(7%)
Family pressure	2(2%)	7(7%)	2(2%)	3(3%)	14(14%)
Relatives, Relatives too busy	5(5%)	3(3%)	7(7%)	6(6%)	21(21%)
No consentwith son or daughter	7(7%)	6(6%)	9(9%)	8(8%)	30(30%)
No one to take care	8(8%)	8(8%)	8(8%)	4(4%)	28(28%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the level of reasons behind going to Old Age homes.Firstly,30% of the respondents reported that they have no consent of sons or daughters.28% said that people choose old Age home because no one in the family cares to take their responsibility whereas 21% of the respondents said that their relatives are so busy, that no one prefers to take care of them.14% of the respondents said that, one is sent to an Old age home to get the relief from the family pressure,whereas,7% said that people go to old age home for one's own mental relief.

Hence,the data reveals that majority of the respondents are of the opinion that the aged people go to Old age homes when there is no one to take care of them in the family.After marriage daughters or sons of the elderly people hardly look after them.

Table No: 68. Personal help as required for elderly

Help need	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
No need for any help	17(17%)	9(9%)	17(17%)	8(8%)	51 (51%)
Always need help	-	4(4%)	1(1%)	6(6%)	11 (11%)
Cannot do anything without help	-	-	-	1(1%)	1 (1%)
Need help to go to latrine	2(2%)	3(3%)	2(2%)	2(2%)	9 (9%)
Need help to be dressed	1(1%)	2(2%)	-	-	3 (3%)
Help for going outside	-	5(5%)	1(1%)	4(4%)	10 (10%)
Help for washing clothes and utensils	3(3%)	4(4%)	6(6%)	2(2%)	15 (15%)
Total	23(23%)	27(27%)	27(27%)	23(23%)	100 (100%)

Discussion: The above table represents the personal assistance for the daily necessary works.Firstly,51% reported that they don't need any help.They are most male respondent.15% of the respondents reported that they need help for washing clothes and utensils.11% reported that they always needed help.10% of the respondents reported that they need help for going outside.9% of the respondents need help to go to the latrine.3% of the respondents need help to get dressed.1% reported that they cannot do anything without help.

Table No: 69. Support from different organization

Organization	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Govt organization	3(3%)	-	7(7%)	8(8%)	18(18%)
Club	-	-	4(4%)	6(6%)	10(10%)
None	20(20%)	27(27%)	16(16%)	9(9%)	72(72%)
Total	23(23%)	27(27%)	27(27%)	23(23%)	100(100%)

Discussion: The above table represents the support from governmental organizations or private sources.18% reported that they get support from the governmental organizations.10% reported that they get help from local clubs.72% reported that they do not get help from any organization.

It is noted that in villages maximum people get help from governmental organizations for home constructions.Many of the respondents get help like having food and dresses from clubs.The respondents of the township area do not get such help or they are not keen to take such help.

Table No: 70. Saving property for social security

For social security	Kalyani Township (Bock - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municipality Area(Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
Save some assets such as land etc.	5(5%)	12(12%)	14(14%)	6(6%)	37(37%)
No need to save because sons are there	7(7%)	5(5%)	3(3%)	9(9%)	24(24%)
Have land though no one to cultivate	2(2%)	4(4%)	5(5%)	4(4%)	15(15%)
Savings spent in house construction	5(5%)	-	2(2%)	-	7(7%)
Spent in the education of the children	2(2%)	2(2%)	1(1%)	4(4%)	9(9%)
Money deposit	2(2%)	4(4%)	2(2%)	-	8(8%)
Total	23 (23%)	27 (27%)	27 (27%)	23 (23%)	100 (100%)

Discussion: The above table represents the respondent's special property, at their old age as a social security.37% of the respondents reported that they have some assets like land,home and precious things.24% reported that they do not need to save because they have sons.15% of the respondents said that though they have land yet no one needed to cultivate it for a long time.9% of the respondents spent money in the education of the children.8% of the

respondents deposited money at Banks/P.O as their special property.7% of the respondents reported that they spent their savings in house constructions.

Table No: 71. Source of payment of medical bills during illness

Source of payment of medical bills	Kalyani Township (Block - B)/Urban Population Male (%)	Female (%)	Villages in Kalyani Municiaplity Area (Majherchar/ Char Kanchrapara/Chasorhati)/Rural Population Male (%)	Female (%)	Total (%)
LIC	3(3%)	7(7%)	3(3%)	5(5%)	18(18%)
Mediclaim	4(4%)	4(4%)	-	-	8(8%)
Pension	6(6%)	4(4%)	2(2%)	-	12(12%)
Pay family members	10(10%)	12(12%)	22(22%)	18(18%)	62(62%)
Total	23(23%)	27(27%)	27(27%)	23(23%)	100(100%)

Discussion: The above table represents the source of money for paying medical bills.62% reported that they pay their medical billswith the help of the family members like sons or daughters and spouses.18% reported that they have LIC facilities.8% of the respondents said that they get privileges from mediclaims.12% respondents said that they pay medical bills from pension funds.

It is noted that the respondents are mostly careful about their arrangements of medical bill payments.

CASE STUDIES

CASE STUDIES

Figure No: 4. Photo of Vasundhara old age home, Kalyani

1) Namita Sengupta, she used to live in Rahara, P.S-Khardah, and ward no-9. She is from a Hindu community. She obtained B.A and B.ED degrees. She was a teacher. Namita Sengupta who is around 74 years old, was engaged in service but is a retired person now, and her fate has forced her to stay in an old age home. Her husband has expired and that's why she is now the victim of bereavement. His absence haunts her.Though she does not believe in rituals, she cherishes reading religious and spiritual books. She is quite active but only suffers from joint pains.Her monthly income is around thirty-eight thousand rupees only.She has no children. She interacts with her family members over the telephone. She is very much upset about her husband's death.No one is there to take care of her.She used to visit Mayapur earlier. She celebrated major religious festivals and exchanged gifts with her relatives so long her husband was alive.Now she is not able to go to the temple due to ill health. She is suffering from high blood pressure and she underwent a knee replacement surgery.She sold her house and came here. She gets pension and has a fixed deposit as a source of monthly income. Her relatives stay in Mumbai. They communicate over the phone.She spent her money for self-

development.Every morning she wakes up at 6:30 a.m. and watches religious programmes on television and reads religious books.She also goes for a morning walk every day.This gives her immense joy and pleasure.

Figure No- 5. Name: Namita Sengupta, Age -74 years

2) Anandamayee Chowdhury lived at Garia, Patuli in Kolkata, wards No CA88, and Patuli Township. She is a 85 years old widow and is staying at Vasundhara Old Age Home.She was a housewife. She gets monthly pension amount in her husband's death. Unfortunnately, there is no one in her family who can take care of her. While talking she repeats whatever she says and also hardly remembers previous events. There is no urge of her to live longer .She misses her husband & family during religious festivals and occasions. She believes in God.She reads Bhagabhat Gita.In the past she used to visit Dakihineswar frequently.After her husband's death she stopped visiting there. She loves to worship Lord Gopal.Goplal is a deity of her paternal home.She is worshipping Lord Gopal from her Childhood days .She loves to watch religious serials on the television.Her favourite serial is Rani Rashmani and Bama Khyapa. She has difficulties in walking.She is completely vegetarian. She has to take medicine for sleeping and she also has gastro problem.She undergoes physiotheraphy to get relief from body pain.She sold her home.She came to Vasundhara Old Age Home with her husband in July 2016.She lived here with her husband for six months.Her Husband was a Mechanical Engineer at Krishnanagar Bipra Das Pal Chowdhury Institute of technology, Krishnagar, of Nadia District.She has a daughter who is already married and aged about fifty eight years.

Figure No- 6. Name: Anandamayee Chowdhury, Age - 85 years

Anandamayee's daughter is Supriya Saha Mondal. Supriya Devi meets her mother and brings shampoo, handwash and other necessities etc.Supriya Devi converses over the phone with her mother twice everyday.She visits her mother once in a month.At this old age,Anandamayee suffers from acute knee pain, and thus it is very difficult for her to perform daily works.She loves studying magazine.She does Surya pranam regularly and also chants Gayatri Mantra & recites God's name,advised by her Guruji.Thus, due to these heavenly engagements the basic monotomy of her life gets dissolved and thus she doesn't feel the loneliness in life. Her grandchildren pay respect to her feelings and believings. During lockdown period her daughters communicated with her over the phone.Almost every day she goes to the temple at 7.30 a.m. and spends 2 hours by meeting her friends of the same age group and participates in religious functions especially Bhajans and Kirtans.

3) Bina Sadhukhan lived in Anwar Saha Road, Kolkata. She lived in a quarter. She has three daughters and one son. She is 88 years old now. She is a widow. She studied upto fifth class. She was a housewife; her son's name is Biswanath Sadhukhan, who is 65 years old now. He is married. Her son is a B.Tech.Engineer. She gets a monthly pension around twenty thousand rupees.She sold her property for her daughter's marriages. She loves Lord Krishna.She has been suffering from diabetes.

Figure No- 7. Name: Bina Sadhukan, Age - 88 years

According to her belief, due to the present education system, each and every thing is changing today. Present system of education is instilling the value of individualism and creating selfishness in mind.Hence, she also views that joint family structure is bound to break if the children are highly educated, which motivates them to pursue an independent service career in the international job market.She remembers that, all her family members were busy for their business for the whole day but at dinner time they all sit together enjoying food. But now there is no one who can take care of her. They just send the money to the old Age home in time.Due to loneliness; lots of diseases have made their nests inside her.In her opinion, death is much more peaceful than life.

4) Kamala Karmakar lived in Bangladesh.She is now 89 years old.She is a widow.She studied upto class five. She has four daughters. She repents for having no son.One of her favourite song is "Boro loker beti lo".She likes to eat Hilsa fish.She likes to eat special Ranaghat singara.She loves to sing religious songs.She worships her favourite God Kali.She also worships Radha Krishna.She does not get any chosen food.Among daughters, two have done their Master Degrees.One of the daughter lives in Delhi, and other lives in the Kalna. Sons in law come to lookafter her once in a month.Sons in law till now give money.But what will happen after wards no one knows.At present, she resides in the old-Age home called "**Vasundhara old Age home**" fighting with mental stress.Her family members and relations do not visit her regularly.She weeps and says about the timely food which is served here.It is essential for her.She is unable to perform her daily tasks.

Figure No- 8. Name: Kamala Karmakar, Age: 89 years

5) Bani Banerjee, She is 86 years of age and has two daughters.She lived at Ranaghat Subhas Avenue, She has sold her home.Bani Banerjee was retired on 1995.She has two daughters. Both daughters have completed Master degree and are married.Her daughters look after her pension.She loves the joint family system.Her daughters pay billing of old age home online.Long time they are not coming for pandemic Covid-19.She feels loneliness and misses face to face interaction. They come once in a month. She had a dance academy in her early age.The name of the dance Academy was Kala Kendra Dance School. But now this school has been sold.She is not able to work properly. She is now a vegetarian. She suffers from sugar .She has arthritis. She loves to read Ramkrishna Misson Magazine. She has no entertainment in her life and can't attend social gatherings and religious functions. This makes her socially isolated and lonely. She also chants mantra and enjoys religious talk shows on television. In her opinion practice of religion and meditation is very important for a person to remain steady in various moments of crisis.

Figure No- 9. Name: Bani Banerjee, Age - 86 years

She believes in Karmayog and therefore wants to do well for her life-satisfaction.She strongly believes that the spread of spiritual beliefs in others brings mental peace in oneself. She believes that the old age home is not a suitable place for the old people.Home is the best place for them and good community service is required for them. She suffers mainly from joint pain.She seeks an answer to the question that who will take care of her if she lives for another 10 years more.She finds herself in a dilemma that whether it is proper to join an old age home or not.Such thoughts help her to keep away negative feelings about living. She is not aware of counselling and other forms of psychiatric treatment.She has fixed deposits in her name from where she receives Rs 15,000 every month.All necessary goods are purchased by her daughters.She goes with her own age group people.During her leisure time she enjoys watching T.V. and at times chatting with others or reading religious books. She likes to spend her time in this way.This gives her immense pleasure and keeps her mentally cheerful.She has got some property in her name after her husbands's death.She is still the owner of those properties and this helps her to exert her authority over her family members.Further she also thinks that as her effort has helped the family to grow up in a fruitful manner.She thinks that she has the right to exert her authority over them.She also enjoys reading religious books since it helps to preserve her peace of mind.

Some pictures related to urban areas

Figure No- 10. Mrs. Sona Halder, Age -88

Figure No- 11. Mrs.Bina Biswas, Age 68

Figure No- 12. Mr. Prabir Mukherjee, Age-66

Figure No- 13. Mr.Ashok Dutta, Age-75 and His Wife

Figure No- 14. Mr.Amritlal Kundu, Age-74 and His Wife

Figure No-15. Mr.Sukumar Sarkar, Age -71

Some pictures related to rural areas

Figure No- 16. Mrs.Sarala Sarkar, Age-77

Figure No- 17. Mrs.Sima Garami, Age-84

Figure No- 18. Mr.Mihir Biswas, Age-76

Figure No- 19. Mrs.Savita Sarkar, Age-82

Figure No- 20. Mr.Kanan Sarkar and His wife

Figure No- 21. Mrs. Syampriya Mondal, Age-86

Figure No- 22. Mrs. Rani Biswas, Age-82

Figure No- 23. Mr.Rabindranath Sarkar, Age-74

CHAPTER -6

SUMMARY OF FINDINGS, CONCLUSION AND SUGGESTION

SUMMARY OF FINDINGS

The present study, titled 'Care for the elderly', Nadia summarizes striking analysis on 'Care for the elderly: A Sociological study in Nadia District, West Bengal'. The study is primarily based on the data relating to the aged member of the Hindu family of Nadia district residing in the ward no 8, and rural areas like Chandamari, Chasorhati and few inmates of an old age home.

The research work was done among Hindu families of Kalyani both in urban part and rural areas. The research has revealed some very surprising facts. For this study, the researcher has chosen certain wards of Kalyani which are dominantly inhabited by Hindus, viz. ward number 8. Apart from these areas, an Old Age Home of the Hindu community, named 'Vasundhara Old Age Home' which is situated in the urban part at Kalyani in Nadia district was also taken.The result shows the scenarios of both urban and rural areas of Kalyani, Nadia District.

Table – 01: The research work depicts that majority of the population belong to the age group of 71-80 years old i.e 18.20%.

Table – 02: The research work shows that majority of the population i.e 28% belong to the income group of Rs. 1000-3000, whereas only 2% of the population belong to Rs. 40000 & Above level.

Table-03: The result shows that a majority of the population i.e 39% male and female are illiterate.Only 13% of the population are highly educated and 2% belong to the doctor/engineering group.

Table-04: The male population is mostly engaged in business enterprise.6% of the respondents belong to the labourer group, 35% female respondents are housewives.5% belong to the category of professionals.

Table-05: The result shows that a majority of the population are having their own house only 3(3%) male and 2(2%) female have no house. They stay in rented houses.

Table-06: The result shows that a majority of the population i.e 42% male and 40% female have the benefit for safe drinking water and proper sanitation as required by them but 14% male and 8% female population have no such facility.

Table-07: The result states that 8% of the female respondents don't have proper sanitation facility at their residence. Very few people don't have their bathroom inside the house.

Table-08: The result shows that a majority of the population i.e. 41% male and 34% female avail fuel for proper cooking.

Table-09: The result shows that only 29% male and 20% female population have individual Bank Account whereas a large number of populations have no Account for banking.

Table-10: The result depicts that 17% of the respondents in urban areas have sufficient source of money to satisfy/ fulfil their basic needs but 10% of the female respondents do not meet the requirements to fulfil / satisfy their need with their insufficient amount of money. They are trying to earn money by doing extra work despite their age.Majority of the respondents in rural areas (15% and 17%) have no sufficient amount of money to satisfy their basic needs.

Table-11: The result shows that children provide money to the parents for their monthly expenditure 47% of the respondents receive monthly expenditure from single sons, whereas 15% of the respondents don't receive any money from their children for monthly expenditure.

Table -12: The result shows that 29% of the respondents spend their pocket money for satisfying their medical needs, 18% of them spend it for purchasing others types of goods.

Table-13: The result states that 32% of the female population in both rural and urban areas participate in family budget issues, whereas 26% of the male populations do not participate in family budget issues.

Table-14: The result depicts that 29% of the male respondents in both areas are economically dependent on their family members, whereas 33% female respondents have no economical dependence upon their sons and daughters.

Table-15: The result shows that 33% of the respondents in both areas have an earning from post office (i.e M.I.S) whereas, 14% of the respondents have no M.I.S or F.D. 23% male and female population in both areas have LIC schemes as their sources of income.

Table-16: The result shows that 52% of the respondents in both rural and urban areas have no such feeling of irritation regarding late arrival of monthly expenditure, 34% of the respondents have such feeling.

Table-17: The results states that 24% of the respondents in urban areas become sentimental if the money is utilised by daughter-in-laws.Whereas 22% of the respondents in rural areas have no such feelings or sentiments.

Table-18: The result shows that 45% of the respondents feel economically dissatisfied regarding availability of son's income.41% of the respondents are not dissatisfied.

Table-19: 31% male and 18% female respondents in rural and urban areas get support from their daughter in crisis time.It reveals that other respondents never get proper support from their daughters accordingly.

Table- 20: The result shows that 17% male respondents think nuclear family is good enough for better standard of living, whereas 19% female respondents think joint family is good enough for better standard of living. It reveals that the Hindu elderly are most likely to live in the joint family structure.

Table- 21: The result depicts that 33% male respondents receive proper help and support from family members or other relatives when needed. While 25% female respondents never receive any sort of help and support from family members when needed.

Table -22: The result shows that 9% male respondents in urban areas face economic problems for purchasing their costly medicines.10% female respondents in rural areas also have the same problem.

Table-23: The results show that 2% male respondents never go to bank due to physical disability.6% of the female population has the same sort of problem.

Table-24: 28% of the male population in both rural and urban areas have preference for suitable jobs, whereas 24% of the female population in both rural and urban areas have no preference for suitable jobs during old age.

Table-25: The result shows that 9% of the male respondents and 13% of the female respondents in urban areas and 9% male and 7% female respondents in rural areas have power for taking decisions at the family level.

Table-26: The table shows that 13% male and 9% female population in urban areas can involve themselves for family issues.15% female respondents are involved for religious matters.

Table-27: The result states that 36% respondents in urban and rural areas have face to face relationship with the family members; whereas 11% of the respondents are involved with video conferences.2% respondents have no communication with their family.

Table-28: The result states that 13% male and 25% female in urban areas and 8% male and 15% female respondents have lost their spouses and their life is affected.

Table-29: 63% of the respondents in both areas are affected mainly because they experience the loss of spouses.

Table-30: 46% of the respondents in both areas experience sadness for lower socio-economic status. Whereas 31% reported that they faced poverty in early life. Majority of the elderly persons feel sad experience for their low socio-economic status.

Table-31: The table shows that only 3% male and 7% female population in urban areas show respect towards elderly. The same thing is valid for the rural context too.

Table-32: The table shows the feeling of being neglected and that 7% male and 7% female population in urban area consider the elderly as a burden whereas 5% male and 5% female population consider the elderly as a great burden in rural areas.

Table-33: The result states that 72% respondents in both areas believe in the Laws of Karma (bad karma means bad results in life and good karma means good results in life), whereas only 28% do not believe in the Karma Philosophy. This indicates that the respondents have a strong religious belief and a spiritual mind.

Table 34: The result states that 24% of the male respondents have faith in God, only 37% female population believe in God. It is noted that majority of the respondents are faithful towards God.

Table 35: The result states that 1% of the male respondents in urban areas practise fasting for religious activity.Whereas 2% male population in rural areas practise fasting during religious activities.

Table36: a) The result states that 35% of the respondents in both areas are involved in religious tours in every year.

b) The results states that 12% of the respondents in both areas participate in the religious functions with friends. Whereas, only 22% of the respondents do not attend religious functions with relatives.26% population in both areas never attend religious functions with anyone.

Table 37: The result shows that 36% of the respondents in urban and rural areas agree that religious tours breaking the monotony of the everyday life.Whereas, 33% of the respondents in both areas consider religious tours for increasing their spiritual knowledge.It reveals that religious tours are important in the respondents' life in many ways. The elderly people agreed with the idea that such tours increase their spiritual knowledge and help them to keep cool in the moment of crisis.

Table 38: The result shows that 32% of the respondents in both rural and urban areas keep themselves engaged in religious programs and positively influence their life satisfaction.28% both male and female respondents practice religious work for mental coolness.

Table 39: The result states that 53% of the respondents in both areas celebrate festivals by exchanging gifts among relatives and friends.

Table 40: The result states that 5% respondents of both urban and rural areas worship occasionally instead of worshipping regularly.

Table 41: The result states that 26% of the respondents in both areas are able to go to the Temple, once in a week.16% both male and female respondents are not interested in going to the temple.

Table 42: The result states that 2% female population in urban areas are engaged with charitable work in religious organizations.14% of the respondents in both areas participate in various social works.Whereas, 22% of the respondents in both areas are not engaged in any

religious organizations.The majority of the people both male and female are engaged in religious trust as members and attached with religious organizations.

Table 43: The result states that female respondents in both areas are not getting sufficient amount of food.

Table 44: The result states that 4% male population in urban areas have insufficient amount of nutritional food.Whereas 9% female population in rural areas have sufficient amount of nutritional food.

Table-45: The results states that 4% of the male respondents in rural areas are not getting proper food in time. 9% male respondents in rural areas suffer from digestion problems.

Table-46: The result states that 64% of the respondents in both areas are not interested in having fast food in lieu of fresh food.36% of the respondents in both areas like fast food.

Table-47: The result states that 22% both male and female respondents never receive preferred food in time.

Table 48: The result shows that 65% of the male and female respondents in rural and urban area are not getting medical service at government hospitals.

Table 49: The table states that 18% of the respondents in both rural and urban places do not sleep properly due to anxiety, whereas 17% of the male and female respondents take medicine at night for good sleep at night.

Table 50: The results states that in both places 12% respondents have teeth problem,11% respondents have diabetes,7% population have joint pains,5% suffer from heart problem,2% have arthritis,1% have liver problems,1% have other health problems.Maximum respondents that are 19% suffer from the problem of blood pressures.

Table 51: The result states that 23% of the respondents are suffering from eye problem for a longtime.In both urban and rural areas 14% population are diabetic from their early life.

Table 52: The result states that 21% of male respondents in rural areas have problem in buying medicines, whereas 7% of the female respondents in rural areas do not face any problem in buying medicines.As a whole majority of the respondents in both areas are not able to buy their medicines mainly due to financial crisis (64%).

Table 53: The result shows that 10% male and female respondents have joint pains. 84% male and female respondents do not suffer from any major illness in their life.It is also noted that maximum respondents suffer from joint pains.The other physical disorders are blood pressure, diabetes and piles.

Table-54: The result shows that 30% of the male and female respondents in both rural and urban areas cannot work due to ill health, whereas 28% of the respondents can continue the light work.

Table-55: The table shows that 6% of the respondents in both rural and urban areas are socially isolated due to physical disability since it restricts their tours or travelling, attending religious get-togethers and going to their relatives' houses.Majority of the respondents (19%) feel social isolation due to non-availability of family members near them.

Table-56: The result states that 30% of male and female respondents put masks on their faces.25% population reported that they do maintain safe distance from each other during the pandemic situation.14% population both male and female do not go outside regularly.It shows that most of the respondents are aware of their personal care and the present Covid situation.

Table-57: The result states that 24% of the respondents in both urban and rural areas consider themselves as lonely. 12% male and female respondents cannot sleep properly at night due to mental stress in old age.

Table-58: The results show that 18% of the respondents in both urban and rural areas are aware about meditation.This is because meditation is a form of religious practice. 4% male and female respondents are aware about counselling. Majority of the population in both areas are aware about Yoga.

Table-59: The results shows that 29% male and female respondents spend at least 30 minutes in a day with the neighbours. 28% male and female respondents in both areas spend their leisure time with the neighbours.

Table-60: The result states that 18% male and female respondents in both urban and rural areas watch TV/listen to music/news or anything at least 60-100 minutes in a day.

Table-61: The result shows that the respondents (17%) read newspapers at least for 30 minutes in a day in their leisure time.Only 1% respondents spend more of their leisure time by reading newspapers for a maximum time that is 200-400 minutes.

Table-62: The table represents the utilization of per day time for physical activities. 39% of the respondents do physical exercise like walking for 30 minutes to 400 minutes per day as per capacity.14% of the population practise yoga for 30 minutes in a day.Besides this,the respondents also try to keep fit by jogging every day.

Table-63: The above table represents the respondents' level of engagement in daily household activities. Firstly, 21% who are mostly women are engaged in cooking.Secondly, 27% are engaged for cleaning the house.Thirdly, 21% are engaged in buying household items. Finally, 18% of the population take care of their grandchildren.

Table-64: The above table represents leisure time activities of respondents. Firstly, 28% of the respondents are engaged in gossiping and mostly are women. Secondly, 20% of the population who are mostly men do gardening at their home, 13% of the respondents are telling stories to their grand children. 13% respondents are reading magazines or newspapers. 11% of the population are involved in kirtan/ 'japa', chant God's name several times. 10% of

the respondents are listening to the radio and watching the television. 4% of the respondents involved in meditation.

Table-65: The above table shows institutional care. 62% respondents are not getting institutional care, whereas, 38% respondents of both areas avail institutional care as and when required.

Table-66: The table represents whether the respondents know about Old Age home. 46% respondents know about old age home in their community, whereas 54% respondents do not appreciate Old Age Home.

Table-67: The table represents the reasons behind admission to old age home. Firstly, 30% of the respondents have no consent of sons or daughters, 28% people have chosen old age home because there is no one in the family to take their responsibility.Whereas, 21% of the respondents think relatives are so busy that no one is there to take care of them.14% of the respondents went to old age home for getting relieved from family pressure, whereas, 7% people went to old age home for own mental pains.

Table-68: The table represents the help/assistance for the daily necessary works. Firstly, 51% of the population in both areas don't need any help.They are mostly male respondents. 15% of the male and female respondents need help for washing clothes and utensils. 10% of the male and female respondents need help for going outside. 1% male respondents cannot do anything without help of other people.

Table-69: The table represents the support from government organizations or private sources. 18% of the population get support from the government organization. 10% of the population get help from local club. 72% respondents never get help from any organization.

It is noted that in rural areas maximum people get help from government organizations for house constructions. 10% respondents get food and dresses as help from the club.

Table-70: The table represents the respondents' special property at the old ages as a social security.37% of the respondents have some assets like land, home and precious things. 24% respondents do not need to save because sons are there.15% of the respondents have land though no one needed to cultivate it for a long time. 9% of the respondents spent money in the education of the children. 8% of the respondents saved money as their special property. 7% of the respondents spent money in house constructions.

Table-71: The table represents the respondent's payment for the medical bills.62% respondents pay their medical bills with the help of family members like sons or daughters and spouses.18% have LIC facilities.8% of the respondents get privilege from Mediclaim. 12% respondents said that they pay medical bills from their pension funds.

ANALYSIS: AT A GLANCE

Objectives	Analysis
Objective 1 **To find out the socio-demographic profile of the elders in Hindu community**	**R.Hariharan and N.Malathi (2012) told** that population has been increasing much faster in developing countries,due to rapid mortality decline.InIndia,the pace of demographic and structural changes has been so quick,that there has not been enough time to develop the new social infrastructure required for population ageing.The aged persons living in nuclear families are forced to participate in income generating activities to maintain livelihoods as well as they are likely to save some money for emergencies. Total population of Kalyani is 1, 00,620. Among the above population 100 respondents has been chosen as sample. Male population is 50 numbers and female population is 50 numbers which were equally chosen. Among the population, education is more or less class VIII standards to Graduate and few cases have engineering degrees.In maximum cases average income per month ranges between rupees 1000 rupees to 3000 rupees.They are engaged basically as domestic helpers or engaged in retail business.Income level above rupees 40,000 is found very minimum and they are engineers and professors. Basically my course of work is mainly upon the Hindu community. Though there is also Muslim community but the majority is found to be Hindus in that area. In this regard this is to state that my course of study is upon elderly people of the Hindu community. During my course of research it is seen that in most of the cases the elderly people are staying at their own home.They get the drinking water from the supply line.In very few cases it is observed that street tap water supplies are used as the drinking water or there are no proper arrangements for water supply line at home.In

	some cases it is found that there are no attached toilets at home which creates a problem for personal use of toilet and changing of clothes for the female elderly people.This shows that health care facilities are not available to the elderly people because of scarcity of hygienic facilities in their daily life.In general they use cooking gas for making food in other cases the elderly women use kerosene or fine wood for their cooking purpose.
Objective 2 **To study about the economic profile in Hindu community**	**Alan Walker (1980)** in his article **"Towards a Political Economy of Old Age"** opined that the elderly have been treated as a homogeneous group facing common problems. In contrast, an approach to ageing based on political economy will examine the relative social and economic status of different groups of elderly people as well as the relationship between the elderly and younger generations. Thus it is argued that poverty in old age is primarily a function of low economic and social status prior to retirement and the depressed social status of the retired, and secondarily, of the relatively low level of state benefits. Social policies which have failed to recognize inequality in old age and the causes of low economic and social status have therefore failed to tackle the problem of poverty and low incomes. It is found that the elderly people made joint account passbooks with their spouses or children for banking purposes. They are not so eager and interested to make bank account books only for themselves in their own name only, as because they are dependent upon their spouses or children for monetary transaction at the bank. I came to know from my survey that the elderly women are dependent on their children. In some cases they keep themselves engaged in petty works for earning money. The elderly people feel more comfortable to invest their money in the post office monthly income schemes (MIS), more over they earn from Life Insurance corporation (LIC) and other similar kind of investments. It is seen from my survey that in maximum cases the male children pay a very minimum financial contribution to the joint

	family which leads to dissatisfaction to their elderly parents. The male children are more concerned to meet the demand of the luxury goods for their wives. At the time of crisis the elderly parents get very nominal help from their girl children. The elderly people are more comfortable to stay and live in joint family structure, as because they also get family support and financial help in case of emergency from their relatives, which includes purchase of medicines and food at sudden need. It is also seen that the elderly people need financial support for construction or repair of their houses. Also they face constraints to purchase costly medicines due to low income. It is seen that the elderly people are not so familiar and comfortable to use ATM cards for monetary transactions and they would have to wait for a long time in queue for monetary transaction or pension withdrawal at bank, because there are very limited facilities for the senior citizens at bank for banking purpose. In some cases the elderly have some savings in the shape of gold ornaments or land as their social security. More over they also have some fixed deposits at bank to meet up the emergency situation. Also they pay financial support to the family for the education purpose of their grandchildren or construction or renovation of their houses. I came to know from my survey that at the time of health crisis they pay their medical bills through mediclaim, pension fund, or LIC schemes. They also stretch their hands of full support for the similar nature of health or financial emergency of near and dear family members without hesitation.
Objective 3 **To find out the health profile among the elderly**	**Sara Arber(2009)** in her book **"Genderand later life: A sociological Analysis of resources and constraints"** explains that good health ,especially the individual's capacity to carry out personal self care,such as bathing,eating,negotiating stairs and walking outside the home,is essential to independence.Chronic illness and disability are restrictive,as well as generating extra costs for a

	special diet,additional heating,laundry,or nursing care.Those with higher levels of functional disability or cognitive impairment will require more practical support and personal care from either informal carers or the state.Poor health and disability may have profound implications for the person's self image and self-esteem.Featherstone and Hepworth(1989)argue that the loss of cognitive and other skills with age brings the danger of social unacceptability and of being labeled less than fully human. It is found that the food intake for the elderly gradually reduced with the increase of their age and also lack of interest to take food in time. Most of the elderly people are suffering from anxiety disorder; as a result they took medicine at bed time for sleeping. Due to financial constraints the community could not get proper nutritional food. The survey shows the elderly people are suffering from food digestion problem along with lack of interest to take adequate food, also no interest on fast food. During my survey, it is observed that most of the elderly people are suffering from eye problems such as cataracts, fluctuating blood pressure and complaints on joint paints which restrict their movements. My survey reveals that awareness for the periodic health check up in the community is very rare and could not take care of especially the elderly. This is mainly due to their financial constraints; secondly due to lack of awareness about health issues, negligence over petty health problems and thirdly, the younger generation does not show serious interest for the periodic health check up and management for the elderly family members. During my survey it has been found that some of the respondents are suffering from chronic diseases from their early life, which affects them at the old age. For example teeth problem, diabetes etc. These are the chronic diseases and they are suffering from their early stage of life. Mainly due to the heavy joint pains they lose

	their ability to perform simple daily works in their family.
Objective 4 **To find out the level of feelings of loneliness among the elderly**	**Elisa Tiilikainen and others (2016)** in their article **"Lost and unfulfilled relationships behind emotional loneliness in old age"** said that, the experiences of emotional loneliness are embedded in the everyday lives and relationships of older adults. Ten in-depth interviews were conducted in 2010 with older people who reported feeling lonely, often or all the time, during a cohort study in southern Finland.Their search reveals the multifaceted nature of loneliness and its causes. Behind emotional loneliness, we identified lost and unfulfilled relationships, involving the loss or lack of a partner, the absence of a meaningful friendship, complex parenthood and troubling childhood experiences. Most of the interviewees have faced loneliness that only began in old age, but for some, loneliness has been present for nearly a lifetime. **David Hobman (1978)** in his book **"The social challenge of ageing"** explores that the great majority of people accomplish the process of ageing with little or no recourse to their medical advisers and none to the social services. Old age is not a disease nor is it a social problem. Few older people who can afford extensive travel,expensive hobbies and recreation,the chances are that if they had not been involved in these activities prior to retirement,they are not likely to become so involved.More time is devoted to personal maintenance,napping and reading.A little less time is devoted to entertaining and club and church participation.Visiting patterns do remain constant.The geographic setting for many activities is related to functional ability,environmental opportunities and social class. There are direct linkages between the desired or attained level of interpersonal contacts and an individual's activity patterns.Friends are frequent companions for shopping and various other recreations. Relatives are likely to be used for special occasion events like holidays or

	providing transportation to health services.Both groups have been shown to be valuable emotional and emergency supports,but the family is expected to assume long-term care.The nature of these activities is in part attributable to the type of contacts made between individuals. In some cases the elderly persons are treated as a burden over the family. It is also come from my survey that, the elderly people pass their life with loneliness and deep sorrow if they lose their spouse or children. Due to COVID-19 pandemic outbreak and restrictions imposed the elderly people could not made any tour or pay visit outside, as a result these leads to physical and mental stress on their health. Also these pandemic stopped their morning and evening walk and exercise at outside field, which they were habituated earlier. This situation has a tremendous impact on their health. It is seen that in this pandemic situation the relatives and children paid a very rare visit to the elderly, these leads them to mental loneliness. They also have mental stress due to their physical mobility. The survey over the community reveals that most of the elderly people are suffering from loneliness. They could not attend social programs due to various complications of health at the old age. Though they have the willingness to attend the social functions as they attended in their early days but at the old age they could not, because of being widows or widowers they lost their interest to attend any program due to their partner's death. They coincide their life with limited boundaries that lead them to isolation. By changing of rented houses or ancestral homes they detached from their friends and relatives. As a result telephonic conversations increase and face to face interactions become limited or very rare that leads them to isolation, because of friends and family circle coinciding and meeting with old friend and relatives get together is become limited with time due to the above mentioned facts and scenarios.

Objective 5 **To identify the adjustment problem of the old with younger generation**	**S.D.Gokhale,P.V.Ramamurthi,NirmalaPandit and B.S.Pendse** in their book **(1999) "Ageing in India"** in **"Services for the elderly The Formal structure of Care for the Elderly"** explains that family support is provided for the elderly who are retired or have no fixed income.It includes three forms:the elderly living with children,those living alone,and those living in day-care centres.The day-care center for the elderly is a new structure adapted to the process of family size nuclearization and to the increasing number of two-career young couples (who have no time to care for elderly during the day).Such centers not only keep the traditional way of family support but can also solve problems for the younger generation. **Kabir ,M.(2015)** in his book **" The Elderly Contemporary Issues"** explores different aspects of socio-economic,cultural,health and psychological problems of the elderly.Generation gap nowadays creates problems.The youth is a spirit,a source of developing issues to inspire mission and vision and visionary.They constitute the essence of energy.On the contrary the elderly are wise and lighthouses of civil society.Their manifestation is not limited to read the newspaper or to walk in the morning and evening but to judge what is wrong or what is right to give guidance for what to do or not to do.They work as crisis managers of nascent problems judging according to wisdom and experience.There is found a generation gap between the youth and the elderly- a gap of running technological innovation and a gap of quintessential achievement,a gap of spiritual sagacity and a gap of religious norms.With the prevalence of morbidity and disability,the elderly should be provided with both financial and social securities inside and outside homes with health care services,medical facilities for better treatment,housing,food and clothing and with extended facilities of health care centers.There should be voluntary organizations to support the elderly.Special health care centers for the old/old hospitals attached to the running public and private hospitals should be established.In order to create a positive attitude towards the elderly and promote awareness and understanding of the

	younger to the old. Elderly Population has low expectations due to lifetime deprivation, and lack of understanding of any concept of well being due to their focus on day-to-day survival and meeting basic needs.Elderly women are more dependent on their families for survival than elderly men, which increase their vulnerability.The poor elderly people in rural areas face very difficult situation to meet their basic needs. Many elderly persons have only homestead land but have no agricultural land.Again, many elderly persons even do not have homestead land.Because of insufficient family income, and dependence on children's income many of the elderly persons cannot support their elderly parents. **S.IrudayaRajan, U.S.Mishra and P.Sankara Sarma (1999)** in their article **"India's elderly: burden or challenge?"** explain that the disadvantaged feeling is a state of mind and is more or less person-subjective.On this issue, they elaborated the lack of respect for the elderly among the youngsters which they blame on the society as a whole.Society's outlook towards the elderly makes them feel useless and it leads to the question of whether the elderly is a burden or an asset to the society. During my study it is found that some of the elderly people do extra work for their pocket money.Many of them are pension holders and some of them are engaged in businesses suitable for the elderly. Interests from fixed deposits, pensions etc are the sources of monthly income for those elderly who don't have any children. Many children are irresponsible and found less interested to pay money for monthly expenses for their elderly parents. This leads to conflict and quarrel in their family.From my survey; it is found that the elderly people utilize their money for purchase of their medicine, medical treatments and personal uses. The budget of the family are fixed by the elderly men of the family .The women in the family are rarely took part in the budget fixation for the family as their source of income is limited. But their opinions are

	considered valuable in the discussion regarding important family matter or issues.
Objective 6 **To find out spiritual issues of the elderly**	**Darren E. Sherkat (2003)** in his topic **Sources of Influence and Influences of Agency** explains that The late twentieth century saw a flurry of sociological research on the religion-family connection, yet data constraints hamper progress in the assessment of how family relations influence religious beliefs and commitments and vice versa. It is typically assumed that religiousness increases in older adulthood. This view is premised on the idea that ageing confronts the individual with concerns over death and dying that increase existential crisis and threaten the person with despair (**e.g., Becker 1973**). A natural response to this involves turning to worldviews and institutions that are sources of meaning and security, and religion has traditionally fulfilled this function. The turn toward increased religiousness may be further enhanced because individuals in the post retirement period have more freetime and fewer social roles (**Atchley 1997**). It is thus assumed that religious participation should increase from the preretirement to the postretirement period only to decline in old-old age (**eighty-five-plus**) when physical problems make it increasingly harder to attend places of worship (**McFadden 1996**). Although it is possible that increased religiousness in older age is a strategy to try to fend off death anxiety prompted by specific reminders of mortality that become increasingly prominent from late middle age onward (e.g., the death of one's parents, spouse, or close friends, or personal illness), there are two factors arguing against this explanation. First, death anxiety tends to decline with age and older adulthood is a time when concern about death (although not about the process of dying) is at its lowest (**Fortner and Neimeyer 1999**). I have seen that the some of the elderly respondents are engaged themselves for nominal

	physical works to earn daily wages. The decisions of household matters are taken by the spouse, son or daughters of the elderly people. Mostly the elderly took part in the religious matters. They are well comfortable in telephonic conversation for communicating with the remote family members. It is found from the survey that poverty in early life and parental death made the life of the elderly miserable. Also neglecting them in daily household activities by the family members is the sole cause of their sorrow. The elderly people are more faithful towards karma philosophy. They like to read religious books, magazines published by various religious societies. They sometimes organize group tour to pay visits to nearby holy places by hiring vehicles, for e.g. Iskon temple at Mayapur etc. They are likely to have a religious tour at least once in a year. But, through my survey it is also seen that some of the elderly could not pay this religious visit due to physical inability or not having any company. Such kinds of people attain their religious functions with their relatives or kins at home. With this gathering they enhance their spiritual knowledge and social communication. They like to listen Bhajan type of songs and Kirtans and worship their preferred God every day. They pay visit to nearby temples at least twice in a week, though sometimes it is a constraint for them due to poor health condition. They actively participate in various kinds of social and religious works.

SUMMARY OF CHAPTERS

Summarizing the findings of the Research

The following conclusions are summarized Chapter wise below, they are indicatives but not exhaustive.

Chapter-1

It is worthwhile at the outset to scrutinize the demographic setting of the elderly in India since this will reveal their problems and how they face them. Their age, marital status, living arrangements, life-cycle, work participation, health standards, and leisure activities will indicate their probable capacity to face old age.

Industrialized societies experience rapid changes, so that the old tend to get outdated fast. While the youngsters perform better in the new, changing set- up. The problem originates from the changes taking place in family structure. The family has been the cradle of civilization. It is the family which is responsible for the caring of all its members, including children, adults, disabled, the aged and the chronically ill.

The present researcher has also tried to portray the importance of religious practices and the exercise of spirituality as a means of protecting oneself from the feeling of loneliness. In today's world mental health of the elders is at stake owing to the factors like rapid development of industrialization and the breakdown of joint families which used to be the basic caring unit of the aged. The number of the elders is also on the rise owing to the advancement in the medical sciences. In most cases the elders are the victims of loneliness and sadness.

Considering these problems of the aged population, the present researcher has focused on the study incorporating different issues related to the pain or agony of the elderly in the present moment.

Chapter -2

With the transition of society from the agricultural to the industrial stage, there was an exodus from traditional agricultural practice and the setting of the old changed. In an agrarian set-up, each member of the household has the same source of income.

In traditional families the older people accepted the burden of providing for the family, and the next generation living with them could enjoy their incomes if any. But in the non-agricultural context, when the elderly cease to earn, they become acutely conscious of their non-earning status and experience a sense of helpless dependency. In urban areas, usually it is the old from rural areas that go to live in the sons's house. In the urban setting, adult children might even take advice from the elderly but might not act on it, knowing that their elderly parents are not sufficiently experienced in the demands of the new setting.

Finally new standards of behavior, new ways of spending time and money, and the like provide specific grounds for conflict between generations. The disagreements which would have remained suppressed in the past are now openly expressed .Unless the older generation remains silent, suppressing its feelings of disapproval before the young, it risks being subjected to verbal argument and contradiction.

Kabir, M. (2015) in his book "**The Elderly Contemporary Issues"** explores different aspects of socio-economic, cultural, health and psychological problems of the elderly. Generation gap nowadays creates problems. The youth is spirit, a source of developing issues to inspire mission and vision and visionary. The young people constitute the essence of energy. On the contrary the elderly are wise and lighthouses of civil society. Their manifestation is not limited to read the newspaper or to walk in the morning and evening but to judge what is wrong or what is right and to give guidance for what to do or not to do. They work as crisis managers of nascent problems judging according to wisdom and experience. There is found a generation gap between the youth and the elderly- a gap of running technological innovation and a gap of quintessential achievement, a gap of spiritual sagacity and a gap of religious norms.With the prevalence of morbidity and disability the elderly should be provided with both financial and social security's inside and outside homes with health care services, medical facilities for better treatment, housing, food and clothing and with extended facilities of health care centers. There should be voluntary organizations to support the elderly. Special health care centers for the old/old hospitals attached to the running public and private hospitals should be established.In order to create a positive attitude towards the elderly; we must promote awareness and understanding of the younger to the old.

Elderly Population has low expectations due to lifetime deprivation, and lack of understanding of any concept of well being due to their focus on day-to-day survival and meeting basic needs. Elderly women are more dependent on their families for survival than elderly men, which increase their vulnerability. The poor elderly people in rural areas face very difficult situations to meet their basic needs. Many elderly persons have only homestead land but have no agricultural land. Again, many elderly persons even do not have homestead land. Because of insufficient family income, and dependence on children's income the elderly persons cannot support their elderly parents.

Sara Arber (2009) in her book **"Gender and later life: A sociological Analysis of resources and constraints"** explains that good health ,especially the individual's capacity to carry out personal self care, such as bathing, eating, negotiating stairs and walking outside the home ,is essential to independence. Chronic illness and disability are restrictive ,as well as generating extra costs for a special diet, additional heating, laundry, or nursing care, Those with higher levels of functional disability or cognitive impairment will require more practical support and personal care from either informal carers or the state. Poor health and disability may have profound implications for the person's self image and self-esteem. **Featherstone and Hepworth (1989**) argue that the loss of cognitive and other skills with age brings the danger of social unacceptability and of being labeled less than fully human.

They suggest that the loss of bodily controls causes penalties of stigmatization and ultimately physical exclusion. Women's higher level of disability makes them more vulnerable to such penalties of ageing. However the likelihood of a given level of disability having these effects depends on the nature and availability of financial and caring resources. Care from family members, from a range of different providers in the community, and from the state should not be treated as equally acceptable from the point of view of the care-receiver.

Darren E. Sherkat (2003) in his topic **Sources of Influence and Influences of Agency** explains that The late twentieth century saw a flurry of sociological research on the religion-family connection, yet data constraints hamper progress in the assessment of how family relations influence religious beliefs and commitments and vice versa. Very few studies track both parents and children over the life course and fewer still have employed even the most rudimentary indicators of religious involvement-and only the Youth Parent Socialization.

It is typically assumed that religiousness increases in older adulthood. This view is premised on the idea that ageing confronts the individual with concerns over death and dying that increase existential angst and threaten the person with despair (**e.g., Becker 1973**). A natural response to this involves turning to worldviews and institutions that are sources of meaning and security, and religion has traditionally fulfilled this function. The turn toward increased religiousness may be further enhanced because individuals in the post retirement period have more freetime and fewer social roles (**Atchley 1997**). It is thus assumed that religious participation should increase from the preretirement to the postretirement period only to decline in old-old age (**eighty-five-plus**) when physical problems make it increasingly harder to attend places of worship (**McFadden 1996**).

Chapter 3

Theoretical Understanding

Growing old: competing sociological explanations Social gerontologists have offered a number of theories regarding the nature of ageing.

Early theories of social ageing can be generalized as following three main phases over the past half-century:

- Ageing approached as an individual and social problem (roughly from the late-1940s to 1960s).
- Ageing treated as an economic and employment issue (1970s to 1980s).
- Ageing constructed as a global issue and concern (1990s and continuing).

These phases reflect different ways in which the relationship between ageing populations and social institutions have evolved, with accompanying shifts in theoretical perspectives about the relationship between the ageing individual and social and economic institutions.

There are given below:

First generation of theories: functionalism,

Second generationof theories: age stratification theory and life-course theory,

Third Generation Theory: Structural Functional Theory, Symbolic Interaction Theory, Social Conflict Theory, Political Economy Theory.

The theoretical framework of the research topic is dealt with is details in chapter 3 and attempts have been made to evaluate the work of important social scientists in the field. Adopting a micro approach towards, their problems of the elderly may be viewed from the perspective of individual satisfaction. It has suggested two kinds of theories to view individual cases-the activity theory and disengagement theory. Activity theory is concerned with the extent to which the old continue their activities of middle age. Disengagement theory can be seen as the opposite of activity theory, concerned as it is with the reasons and consequences of disengagement. The old invariably disengage themselves at various ages, which is good for both the individual and society.

Large number of authors and their work are discussed in devising these factors to the scope of the study. Thus, through this chapter the researcher has made an effort to fill the gaps found in the existing literature and subsequently that led to the objectives of the research study in the succeeding research process.

An attempt has been made to compile and deduce important findings from these literatures in order to find out the research gaps. Literature based on Indian context as well as foreign is considered hereforth.

Chapter 4

Objectives

A properly formulated, specific objective facilitates the development of research methodology which finally helps to orient the collection, analysis and interpretation of data.

The study has the following main objectives:

To find out the socio-demographic profile of the elders in Hindu community.

To study about the economic profile in Hindu community

To find out the health profile among the elderly

To find out the level of feelings of loneliness among the elderly

To identify the adjustment problem of the old with younger generation

To find out spiritual issues of the elderly

Chapter -5

Research Setting

Kalyani is a planned city with four blocks-A, B, C, D and sub blocks. Most of the residential houses, flats buildings and commercial markets are in Block A and B. Kalyani main station, state General Hospital, JNM Hospital, Medical College JIS College, Oriental public School, St. Stephen's School and many others are situated in Block A.

Birpara:

The total geographical area of village is 239.57 hectares. Birpara has a total population of 1,654 peoples. There are about 370 houses in Birpara Village. Kalyani is nearest town to Birpara which is approximately 5 km away.

The total Population of the Birpara is 1,654. The Male Population is 874 and Female Population is 780. The area of the Birpara is 239.57 hectares. The households of the Birpara are 370.

Sarati

The total geographical area of village is 220.55 hectares. Sarati has a total population of 3,284 peoples. Male Population is 1,703 and Female Population 1,581.

There are about 800 houses in Sarati village. Kalyani is the nearest town to Sarati which is approximately 10 km. away.

Named as "**Vasundhara old age home**" which is a haven for those who have spent most of their lives earning their living, pursuing material necessities. It is the perfect place for the elderly who feel the need to move away from the hustle bustle of the city and yet remain connected to it in some way. Elderly people have been interviewed. This home is managed by the Hindu community and almost all the residents are of Hindu origin. Those who are looking for old Age Homes far from the busy city life and at a pollution free area but near to Kolkata, should have a visit to Vasundhara Bridhyasram also known as Smt. Gouri Roy Memorial Old Age Home of Kalyani. Vasundhara Old age home, established on 2014, is easily accessible from Kolkata by Road or train and has all amenities for the boarders.

Chapter-6

Methodology

As with most research methods, survey research brings both advantages and disadvantages. Advantages include obtaining information from a large number of respondents, conducting

personal interviews at a time convenient for respondents, and acquiring data as inexpensively as possible.

Disadvantages of survey research include volunteer bias, interviewer bias, and distortion. Volunteer bias occurs when a sample of volunteers is not representative of the general population. Subjects who are willing to talk about certain topics may answer surveys differently than those who are not willing to talk. Interviewer bias occurs when an interviewer's expectations or insignificant gestures (for example, frowning or smiling) inadvertently influence a subject's responses one way or the other.

The present researcher is concerned to use a number of techniques of quantitative data analysis to reduce the amount of data collected, to test for relationship between variables, to develop ways of presenting the results of the analysis to others, and so on. The present researcher has constructed univariate and bivariate tables. In a bivariate table, two variables are cross-classified. Such a table consists of rows and columns; the categories of one variable are labels for the rows, and the categories of the second variable are labels for the columns.

The research can now be written up. In writing up the findings and conclusions, the researcher is doing more than simply relaying what has been found regarding others; readers may be convinced that the research conclusions are important and that the findings are robust. Thus a significant part of the research process entails convincing others of the significance and validity of one's findings. The present researcher has tried to give a complete detail of the field and respondents studied so that the research work is based upon accuracy.

Case study is a method of exploring and analyzing the life of a social unit (Kothari, 1999). Its goal is to determine the factors that account for the complex behaviour pattern of the unit and the relationships of the unit to its surroundings. Case study may be gathered from the entire life cycle or on a definite section of the cycle of a unit, but always with a view of ascertaining the natural history of the social unit, and its relationship to the social factors and forces involved in its environment. The present researcher has adopted this method in order to capture the views and interpretations of the respondents from their perception. Several case studies have been discussed in this research work.

Purposive sampling can be very useful for situations where you need to reach a targeted sample quickly. Sampling means selection of a part of aggregate statistical materials called population, with a view to obtain information about the whole aggregate. The respondents selected should be a representative of the total population as far as possible in order to produce a miniature cross-section. The selected respondents continue what is technically called a 'sample'. The total population is not converted but from the sample studied it is possible to draw a calculation about the total population. Here the researcher has conducted a survey by **Purposive Sampling.**It has a non-probability sampling design. Non-probability sampling is also known by different names such as purposive sampling. This sampling method involves purposive or deliberate selection of particular units of the universe for constituting a sample which represents the universe.

This chapter highlights the plan of action and strategies adopted by the researcher to conduct the research. The Quantative approach for data collection and qualitative method of data collection has been successfully applied in the present research work.

Chapter 7

A properly formulated, specific facilities the development of research which finally helps to orient the result analysis, discussion, statistical analysis and case studies.

Bani Banerjee, She is 86 years of age and has two daughters. She lived at Ranaghat Subhas Avenue, She has sold her home.Bani Banerjee was retired in 1995.She has two daughters. Both daughters have completed Master degree and are married. Daughters look after her pension. She loves joint family. Daughters pay billing of old age home online. For a long time they are not visiting her due to the pandemic COVID-19.She feels lonely and misses face to face interaction. They usually come once in a month.She had a dance academy in her early age.The name of the dance Academy was Kala Kendra Dance School. But now this school has been sold.She is not able to work properly. She is now a vegetarian. She suffers from diabetes.She also has arthritis.She loves to read the Ramkrishna Misson Magazine. She has no entertainment in her life and can't attend social gatherings and religious functions. This makes her socially isolated and lonely. She also chants mantra and enjoys religious talk shows on television. In her opinion practice of religion and meditation is very important for a person to remain steady in various moments of crisis.

The result states that 2% female population in urban areas is engaged with charitable work in religious organizations.14% of the respondents in both areas participate in various types of social work. Whereas, 22% of the respondents in both areas are not engaged in any religious organizations. Majority of the people both male and female are engaged in religious trusts as members and attached with religious organization.

The result shows that 10% male and female respondents have joint pains. 84% male and female respondents do not suffer from any major illness in their life. It is also noted that maximum respondents suffer from Joint pains. The other physical disorders are blood pressure, diabetes and piles.

The table represents the respondent's payment for the medical bills. 62% respondents pay their medical bills with the help of family members like sons or daughters and spouse. 18% have LIC facilities. 8% of the respondents get privileges from Mediclaim. 12% respondents said that they pay medical bills from their pension.

Chapter 8

The research topic is dealt in chapter 8 and attempts have been made to evaluate the work of important social scientists summary, conclusion and suggestions

The problems the old people suffer cannot be surmounted only if they are empowered socially along with having financial empowerment which already exists in case of male respondents:

- They should be given some social responsibilities: like grand parents can be given the responsibility to take care of the grandchildren. This particular activity will be enjoyed by them and also make them feel worthy of making some beneficial contribution to the family.

Apart from all the discussed measures, it is very important to have a sensitive society where individuals should be conscious about the problems of the elderly:

- All the members of the family must have the mentality to live together because a family is still a viable organization that can provide high quality care to all family members.

- The members of the family must be considerate towards the age related problems like repetition of a certain statement for many times. Rather than feeling irritated, they must grow their tolerance and realize that these problems are bound to happen in old age.

- The society must develop the old age homes as supplements rather than making them alternative care giving arrangements. There is a need for integrated system of care supplemented by a variety of respite services.

The challenge is to prevent it. There is a need for an intersectional lens to examine the inequalities faced by older adults. We need to detect it, manage it and raise awareness to combat it. Sadly there is no scientifically rigorous intervention research on elder abuse in any country. Though in the developed world there is progress on this. There are strategies in the world that have been identified for prevention-care giver interventions, money management programs, help lines, emergency shelters, and multidisciplinary teams to combat it. There is consensus among the international experts that elder mistreatment prevent-programs should be made more effective and evidence based.

There are so many risk factors care issue seems to be for the individual, if poor physical and mental health, economic dependency, low social status, and then risk is higher. Living situation is another important factor, greater dependency increases the risk. Lack of social support is a risk for abuse from care givers. There is prevailing ageism; legislations not supporting elderly, migration of children, lack of social security and protection are social and cultural factors which increase risk of abuse in any setting. Urban centres need better neighborhood committees to increase social capital.Greater awareness needed on available support and counselling.

SUGGESTIONS

Caring, as observed in this study, is caused by several factors. It is important to once again reiterate the root causes viz. physical degeneration, emotional dependence on family members, need for companionship, loneliness and their subsequent derivative causes.

1. PHYSICAL REGENERATION :

It is observed that the physical decline that these elderly people suffer make them mentally crippled. They feel that their powers are declining gradually. Physical decline and eventual death is inevitable but still some measures can delay the process:

- Through the preventive care, risk factor for the occurrence of diseases can be restricted and that will help these people to remain physically and mentally fit.It may be said that if the elders maintain a balanced diet, disciplined lifestyle,regular medical check-up and avoid unhealthy addictions risk factors for the occurrence of disease can be restricted.

- Exercises can keep elderly members healthy. It provokes self worth in them and decreases the morbidity, maintains the quality of life. They feel independent as exercises help them to remain physically strong and capable of doing all activities. Exercise helps to maintain the functional status of the Hindu elders.

- Apart from doing exercises, care is needed regarding their food intake.Generally, they should not be served balanced foods.

2. CONSCIOUSNESS ABOUT MENTAL HEALTH TREATMENT:

In some cases, it has reached the level of severe or acute stage. In these cases, only medical treatment helps the respondents.

3. FAMILY AND INDIVIDUAL ATTITUDE :

The mental setup of the families and individuals among the Hindu community may also be responsible for creating loneliness. The elderly can go out for entertainments like watching movies, eating out with other family members. This will provide another opportunity for interaction amongst the family members.

4. RELIGION :

Spirituality, religious belief and religious practice are again very strong, powerful methods in helping the respondents overcome various problems:

- They must participate all the more in religious activities like prayer, celebrating different festivals, organizing community puja, going for religious tours. This is a healthy engagement that whiles away the leisure time easily.

- They can read different religious books, listen to devotional music. This will enrich them and also keep them engaged.
- They can also learn meditation and yoga. These activities help in reducing boredom.

5. INTER-GENERATIONAL TIES:

The Hindu elderly members often complain about the distances developing in their relationships either due to physical or mental detachment. This can be combated through the development of inter generational relationship:

- Children and grand children have to understand the significance of the elderly members in the family. Several models of successful intergenerational relationships are available in the form of mythological movies, soaps and serials. The younger generation should be encouraged to watch these.

- The elderly members must also try to behave in such a manner and have such an attitude that will help their children and grandchildren socialize with them without any constraints and inhibitions.

- The negative impression that most of us usually have of ageing people must be immediately negated. It is very harmful since on one hand it creates among the respondents the feeling of being worthless and neglected and on the other hand it develops the concept of treating elderly people in a very casual way among the young generation.

6. EMPOWERMENT:

The problems the old people suffer cannot be surmounted only if they are empowered socially along with having financial empowerment which already exists in case of male respondents:

- They should be given some social responsibilities like grand parents can be given the responsibility to take care of the grandchildren. This particular activity will be enjoyed by them and also make them feel worthy of making some beneficial contribution to the family.

7. SOCIETAL ATTITUDE:

Apart from all the discussed measures, it is very important to have a sensitive society where individuals should be conscious about the problems of the elderly:

- All the members of the family must have the mentality to live together because the family is still a viable organization that can provide high quality care to all family members.

- The members of the family must be considerate towards the age related problems like repetition of a certain statement for many times. Rather than feeling irritated, they must grow their tolerance and realize that these problems are bound to happen in old age.

- The society must develop the old age homes as supplements rather than making them alternative care giving arrangements. There is a need for integrated system of care supplemented by a variety of respite services.

According to WHO, elder abuse is the intentional act of lack of action, causing harm to older adults (60 years and above).Yet no measures or established framework were taken to help these helpless elderly persons.It is an important social and legal problem. Elder abuse includes physical abuse, neglect, and emotional abuse, and abandonment, financial or material exploitation. The opportunity to earn a living is grossly limited for most of the elderly people. The assets lost, were the product of long period of hard work and self-deprivation during their youth. An older person who has lost his savings or assets through financial abuse may have no choice but to depend on their family members or social welfare for support. There are many negative impacts like emotional imbalance, loss of trust, loss of confidence, stress, hopelessness, isolation from family members, suicide and many more. Recent WHO data indicates that around 1 in 6 people (60 years and older) experience some form of abuse. Help Age and UNFPA data reflects on the gravity of the problem. Reporting of abuse is low and consequently taking measures to deal with it too. Societal measures are needed to combat the problem. Elder abuse is now recognized internationally as a pervasive and growing problem.

We need to detect the causes of elder abuse, and raise awareness to combat it. Unfortunately, no scientific research on elder abuse in any country has being conducted. The developed countries are working on these issues. Several strategies have been worked out to prevent this.

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ANNEXURES

ANNEXURES

QUESTIONNAIRE

CARE FOR THE ELDERLY: A SOCIOLOGICAL STUDY IN NADIA DISTRICT, WEST BENGAL

1.0 Socio demographic profile of the respondents:

1.1 Name ……..
1.2 Contact No……..
1.3 Name of the Place…….
1.4 Former place of residence…….
1.5 Ward No…….
1.6 Religion: Hindu / Muslim / Other (Please Specify)……..

1.7Socio-economic particulars:

Sl No	Name of the family members	Age	Sex M/F	Marital Status	Education	Occupation	Daily income/Monthly income
1							
2							
3							
4							
5							

1.8 At present do you stay at your own / rented house?

Yes / No

Facilities available:

1.8.1 Drinking water: Community well/Own well/Street tap/Pipe/Ponds/Other sources…….

1.8.2Bathroom inside the house: Yes/No (Specify type…….)

1.8.3 **Cooking** fuel: Firewood/Kerosene/Cooking Gas/Others……..

1.8.4 Do you have any personal Bank Account?

Yes / No

1.8.5Do you think that the amount is sufficient to satisfy your basic needs?

Yes / No

1.8.6 How many children give you Daily/ Monthly expenditure?

1.8.7 How do you spend your pocket Money?

For self Development/ Purchasing for others/ Purchasing of necessary goods/ Medical purpose

1.8.8 Do you participate in your family budget issues?

Yes / No

1.8.9 Are you financially dependent on your children or spouse now?

Yes / No

1.9 Is there any other source of income?

Post Office (M.I.S.) / Fixed Deposit (F.D.)/ Mutual Funds and Shares/ LIC

2.0 Familial role/ contribution

2.0.1 Do you feel upset if your sons hesitate or feel irritated to give you monthly amount on time?

Yes / No

2.0.2 Do you feel bad if your sons give the entire money necessary for family expenses to your daughter-in-law?

Yes / No

2.0.3 Do you think that sons are less interested to satisfy your economic needs after their marriage?

Yes / No

2.0.4 Do you think that daughters are more helpful at the time of need and crisis?

2.0.5 Do you think that nuclear family/ joint family is good enough for better standard of living?

2.0.6 Do you get proper help and support by family members or others when needed?

2.0.7 Do you think that you have serious economic problems?

If Yes, why / No

2.0.8 Do you find any problem for getting pension from the government?

Yes / No

If yes, please list a few…….

2.0.9 At present will you accept any suitable job for you to earn money?

Yes / No

2.1.0 In your house who usually makes final decisions in major issues?

(e.g., buying or selling property, marriages in the family, etc.)

……..

……

2.1.1 Do you know that the family members discuss with you about family affairs?

2.1.2 Do you interact with your family always? Yes/ No

If yes, how

Face to face interaction at home / over telephone/ video conference/ any other

2.1.3 How many family members have you lost?

Spouse/ Sons / Daughter/ Grand children

2.1.4 Do you think his/her absence affected you a lot? Yes/ No

2.1.5 Do you have any sad/trauma and deprivations?

Lower socio-economic status/ Parental divorce/ Parental death/ poverty in early /

Physical and sexual abuses in early period/ others.

2.1.6 Do you think that your family members respect you? Yes/ No
How?

2.1.7 Do you feel any negligence from the family members at this age?

Family considers you as burden/Grand children do not respect/Family considers you as worthless/others

2.1.8 Do you face any problem for regular payment of bills for old age home?

Yes / No

If yes why?

3.0 Socio-religious Particulars:

3.1 Do you believe in your Karma?

Yes / No

3.2 Do you believe keeping promises (mannat) in the name of God for fulfillment of your desire?

Yes / No

3.3 Do you feel satisfaction from this activity?

Reading of Epics/ religious books
Worship
Fasting
Others

3.4 Do you feel satisfaction for visiting religious places? Yes/ No

If Yes, with whom?

If yes, how many times in a year?

Yearly/ Half-yearly/ Quarterly

3.5 Why do you think that tour is important in your life?

Increases spiritual knowledge/ Increases social network & interaction/ Breaks the monotony of day to day life

3.6. In what way the practice of rituals helps in your day to day life?

Keeps you cheerful / Keeps you cool at moments of crisis/ Keeps you engaged/ Gives you solace

3.7 How do you celebrate major religious festivals?

Gift exchange /Money exchange / any other

3.8 Do you worship your preferred God everyday? Yes/ No

If yes why?

If no why?

3.9 Do you go to the temple?

Once/twice/thrice in a week

If no why?

3.1.0 Do you have alliances with any religious organization? Yes/no

If yes how?

4.0 Intake of food:

4.1. Daily intake of food

	Type	Quantity	Type	Quantity	Type	Quantity
Breakfast						
Lunch						
Afternoon						
Dinner						

4.2 Do you think that proper diet or nutritional food is available for you?

4.3 Do you get your chosen food?

If No why?

4.4 Do you prefer to take “fast food” in lieu of fresh food?

Yes / No

5.0 Health and Diseases:

5.0.1 Are family members caring for your good health?

Timely food is served/ Preferred menu served/ Regular & timely doctor's checkup/

Timely medicine served /nothing at all

5.0.2 Do you get free medical service at government hospitals?

Yes / No

5.0.3 Do you sleep properly at night?

Yes No

If, No why…….

5.0.4 Do you suffer from chronic illness for a long time? Yes/No if yes

High Blood Pressure/ low Blood Pressure/Arthritis/ Diabetes/Asthma/Heart Problem/ Liver Problems/ Paralysis/ Other

5.0.5 Do you think that early life diseases may affect you at the time of old age?

5.0.6 Do you face financial problem to buy medicines?

5.0.7 Have you suffered from major illness in your life?

Malaria/ Tumor/ Heart Attack/ Thyroid/ Kidney problem/ other

5.0.8 Do you think that you are still able to work?

Yes / No

5.0.9 Are you feeling isolated?

Yes / No

Why?

5.1.0 Do you take any special care for recent COVID-19?

Yes / No

If, Yes why

If, No why……..

5.1.1 Do you feel mental stress in this age?

Yes / No

Why?

5.1.2 Do you practice any other therapies or take any kind of treatments for your health regular?

Yes/No

If yes what?

6.0 Entertainment / amusement in leisure time:

6.0.1 How much time you spend with other persons per day?

Hours……..

6.0.2 How much time you spend for watching movie /film &listening music per day?

Hours…….

6.0.3 How much time you spend in reading book/ magazine/newspaper per day?

Hours……..

6.0.4 How much time you spend in your physical activity (jogging, walking, and yoga) per day?

Hours……

6.0.5 Do you engageyourself in daily household course?

Cooking/ Cleaning House/ Ironing cloth/ Marketing Household items/

Taking care of grand children

6.0.6 Do you engage yourself for activity in present time?

Chatting/Gossiping/Gardening/Telling stories to grand children

6.0.7 Do you feel institutional care (old age home) is common in your community?

Yes / No

6.0.8 Do you think old age home should be in your community?

Yes / No

6.0.9 Do you know why people come to old age home?

Mental pain /Family pressure / No one to take care/others

6.1.0 Do you require other person's assistance for the daily necessary works?

No need for any help / Always need help /cannot do anything without help

7.0 Government / Other Institutional assistance

7.1 Do you get any help or support from governmental organizations/ private source/NGO? Yes/no

If yes how?

7.2 Do you have any kind of special property at this old age as social security? Yes/No

If yes how/why?

7.3 Do have any Mediclaim/ LIC since before? Yes/ No

If 'No' how you pay your medical bills?

Signature of the Interviewer