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Readers are invited to express their views about the content of the journal and other problems of senior citizens. Their views will be published in the Readers' Column. Senior citizens can send their problems to us through our web site: www.gerontologyindia.com Their identity will not be disclosed. We have well-qualified counsellors on our panel. Take the services of our counselling centre - **RAHAT**.

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We are happy to announce that Prof. A.M. Khan (well known gerontologist) former Head Department of Social Sciences, National Institute of Health & Family Welfare, Munirka, New Delhi has joined us as a member of our consulting Editorial board.

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YOU ARE INVITED TO JOIN US

We are Working to Protect the Rights and Social Welfare of the Elderly

Indian Gerontological Association (Registration No 212/ 1968) is an independent grassroots non-profit organization based in Jaipur (Rajasthan). Our efforts **empower** and **support** the underprivileged elderly in rural and urban communities.

We strive to **ensure social justice and welfare for people over 60**, focusing on those elders who are the most disadvantaged such as elderly women. We protect the civil liberties of elderly citizens as a part of the **struggle for individual rights and social progress** in India.

Currently, the elderly community comprises approximately 10% of the total population of India. This number will increase to nearly 25% within the next twenty years. **Neglected and abandoned by society and sometimes their own families, elders are increasingly subject to conditions of disease and poverty.** They lack access to health care, and often face serious discrimination as well as physical and emotional abuse.

As a public interest group, **we work for and with the elderly to protect their rights and access to a better quality of life.** We seek to both empower and serve by working directly with rural communities. By facilitating the growth of citizen's groups, raising public awareness on aging, promoting public action and participation, and advocating public policy changes, Indian Gerontological Association hopes to alter the current trends in elder relations for the better.

Our work includes

- Community Centers for the Elderly that Offer Communal Support and Interaction
- Training on Legal Rights by Offering the Elderly Practical Knowledge on Their Rights
- Public Hotline for the Elderly that Offers Legal Referrals and Assistance
- Public Accessibility for the Elderly Advocating More Available Access to the Public Sphere
- Use of various forms of media to Raise Public Awareness on Elder Rights
- Counselling and Helping elderly to Relieve Psychological Stress and Depression
- Elder Women's Cooperatives that Provide Grants and Assistance to Elderly Women
- Public Awareness Raising to Promote Public Action for Helping Disadvantaged Elderly
- Field Study of Rural Areas to Analyze Challenges Faced by Aging Rural Population

Our plan of action includes

- Campaign for Elder Rights
- Campaign Against Elder Abuse especially toward Elderly Women
- Training of Social Workers and Caregivers
- Capacity Building of Civil Servants or organizations Working on Aging
- Research & Publication

Anti-Alzheimer's Property of Methanolic extract of *Lawsoniainermis* seeds in rats with Reference to Morphometric, Cognitive and Histopathological Aspects

*Punabaka Jyothi and Kuna Yellamma**

Department of Zoology,

Sri Venkateswara University, Tirupati, (Andhra Pradesh)

ABSTRACT

Plants are a rich source of drugs for several diseases with fewer side effects than allopathic medications available today. As the plant, LawsoniainermisL traditionally has many medicinal values against several diseases. The present study was aimed at the evaluation of the neuroprotective properties of the methanolic extract of Lawsoniainermis seeds (MELIS) in AD-induced rats. The results obtained on Morphometric, Cognitive, and Histopathological Aspects revealed that body weights were dramatically decreased in the AD-I rats than normal control rats, which was reversed by MELIS-150 mg/kg. Further, from the results on cognitive behaviour, it was obvious that the performance of AD-I rats was poor when compared with control rats, which, of course, as in the case of morphometrics was reversed with MELIS administration. These observations were further supported by Histopathological examination of

the 2 selected regions viz. The cerebral Cortex and Hippocampus revealed many AD-induced changes in the architecture of neurons such as encephalomalacia and the formation of tangles, and flakes disappeared in rats after supplementation of MELIS. Based on these results, MELIS could be recommended as a potential Anti-Alzheimer's agent after due clinical trials.

Keywords : Alzheimer's Disease, Morphometric, Cognitive, Histopathology, Rats.

Alzheimer's Disease is associated with impaired behavioral aspects such as attention, perceptual and constructive skills, language, memory, orientation, functional skills, and problem-solving. It has already been well established that Alzheimer's Disease is a progressive neurodegenerative disorder that affects mostly the elderly population and is characterized by the presence of many Amyloid Plaques in the Hippocampus, Neocortex, and Amygdala. Consequently, more than 15 million people are suffering globally from AD due to ageing, and hence medicinally their recovery becomes hard (Kelley, *et al.*, 2011). Till now, AD patients have not been effectively treated but their life span had been increased by using certain drugs. The currently available medications on the market boost memory, and attention in some patients, but they don't appear to slow down the process of neuronal death in the brain. Hence, there is an urgent need for the clinical development of safe and non-toxic Anti-Alzheimer's agents for the adequate management of Alzheimer's Disease. However, clinical trials for several substances from various sources have failed due to over-side effects (Winslow, *et al.*, 2014). As per the literature available, plant-based medications were proven to have fewer adverse effects than allopathic treatments and are used by people of tribal regions and locations where hospital services are not accessible. Understanding the active principles in plant extracts will give a framework for developing medications against Alzheimer's Disease (Fernandes, *et al.*, 2022). Hence, in this study, an attempt was made to use the natural plant *Lawsonia inermis* seeds methanolic extract as a potential

therapeutic agent, which is regarded as a novel approach to treating Alzheimer's Disease. The reason for selecting the above parameters is that :

1. Morphometric data is a key source for understanding a variety of biological events viz. animal behaviour, phylogenetic relationships, sexual dimorphism, etc. (Tseng and Flynn, 2018).

2. Similarly, earlier research findings established that the two areas of the brain viz. the Cerebral Cortex and Hippocampus play a critical role in storing and information processing required for several cognitive abilities. For example, the Cerebral Cortex is a site of attention, language, consciousness, perception, memory, and awareness in the brain (Parle, *et al.*, 2004) such as comprehension, language, reasoning, and learning. Similarly, Hippocampus is also associated with a variety of functions such as memory, navigation, learning, and attention. Hippocampus is divided into sub-regions like the Cornu Ammonus area, CA1, CA2, and CA3, each one of them involved in specific functions.

3. Generally, the pathological Hallmarks of AD such as the formation of tangles and plaque were observed in these 2 regions of both patients suffering from AD and normally ageing people.

To evaluate the Anti-Alzheimer's potential of MELIS, we have carried out experiments on some selected parameters viz. Morphometric, Cognitive, and Histopathological aspects in experimentally AD-Induced rat model with appropriate techniques.

Materials and Methods

Lawsonia inermis, known as “Gorenta” in Telugu or “Henna” in other languages, is found throughout India as a tiny shrub-like tree that is amply used in conventional or folk medicine to treat a variety of diseases all over the world by virtue of the presence of various biologically active constituents such as coumarins, flavonoids, naphthoquinones, phenols, etc. present in all parts of the herb.

Taxonomic Position

Kingdom-Plantae Subkingdom-
Tracheobionta Superdivision-
Spermatophyta Division-
Magnoliophyta Class-
Magnoliopsida Subclass-
Rosidae Order-Myrtales
Family-Lythraceae Genus-
Lawsonia L. Species-Lawsonia
inermis L.

Morphology of Lawsonia inermis***Chemicals Obtained***

Standard chemicals of Analar-grade (AR) were obtained from Indian chemical suppliers (SRL, Himedia, Merck, Molychem), Chinese chemical suppliers (TCI), and USA chemical suppliers (Sigma, and Fisher).

Preparation of The Plant Extract

Seeds of the Lawsonia inermis plant, obtained from the S.V. University campus in Tirupati were washed initially with tap water and again with distilled water were dried in the shade, ground with a scientific grinder, and then soaked in methanol (100%) in a 1:5 ratio. The mixture was kept in the dark for three days, stirring once in a while every day. The dissolved chemicals in methanol were filtered through muslin cloth, cotton, and what man No 1 filter paper after 3 days. A rotary evaporator was used to concentrate the filtrate. This methanolic extract of Lawsonia inermis seeds (MELIS) was kept in the refrigerator to be used later.

Procurement and Maintenance of Rats

The experimental rats were maintained in our Laboratory in strict accordance with Sri Venkateswara University Institutional Ethical Committee Resolution No.09 (i)/a/ CPCSEA/IAEC/SVU/ZOOL/KY/ Dt. 08-07-2012). The health status of Experimental rats was constantly monitored every day during acclimatisation, and healthy rats were divided into six experimental groups of six rats each, with body weights

ranging from 160 to 180 grams. The rats received a regular pellet diet with free access to water *Ad Libitum*.

Induction of Alzheimer’s Disease

D-Galactose (120 mg/kg body weight) was used to induce Alzheimer's Disease in Albino rats (Zhang, et al., 2006)

Experimental groups

Group 1 Normal control (NC) : Rats received a normal diet and distilled water.

Group 2 Alzheimer’s disease induction (AD-I): Rats received intraperitoneal (i.p.) injection of D-Galactose (120 mg/kg body weight) diluted in distilled water.

Group 3 Seed extract treatment (MELIS-T) : Normal healthy rats received MELIS (150 mg/kg) through oral gavage.

Group 4 Alzheimer's disease treated with seed extract (AD-I + MELIS-T) : AD-I rats received MELIS (150 mg/kg) through oral gavage.

Determination of Effective Dose for MELIS:

Before commencing experiments, we checked the effective dose for MELIS extract (150 mg/kg body weight) by conducting dosage studies with 3 concentrations of MELIS viz. 75, 150, and 300 mg/kg. From there, it was confirmed that MELIS at a dose of 150 mg /kg was effective.

Following experiments were done to assess the Anti-Alzheimer’s capabilities of MELIS on the 60 th day of treatment in all Groups of Rats (Table 1).

Table. 1
Methods employed for various selected experimental parameters

Name of the Parameter	Methods
1. Morphometric Aspects	Simple Balance
2. Cognitive Aspects	Morris, (1984)
3. Histopathology	Nimgampalle and Kuna, (2017)

Isolation of Tissues for Histopathological Aspects

On the 60th day, all four groups of rats were sacrificed by cervical dislocation, the brain was isolated immediately using normal anatomical markings and Sections of the 2 selected regions viz. The cerebral Cortex and Hippocampus were taken for microscopic examination.

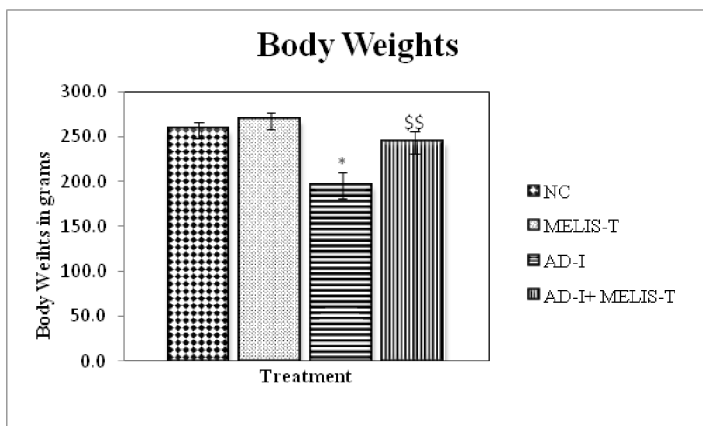
Results

Changes in Body Weight

In this investigation, the percentage changes of experimental rats were determined. Every week, the total body weights of all sets of rats were measured using a simple balance throughout the experimental period. During the study, we saw that on the 60th-day normal control rats exhibited a progressive increase in body weight. Rats fed with MELIS alone (289) gain more body weight compared to control rats (256.87) but AD-I rats decreased body weight and became weaker throughout the study (24.09%). However, increased body weights were observed in MELIS-150 mg/kg treated rats when compared to AD-I rats (-4.99%) (Figure-1).

Figure 1

*Impact of MELIS on body weight changes. Representation of results as mean values $\pm$ standard error of the mean. * and \$\$ indicates significant changes in the experimental group when compared to a diseased group of rats.*

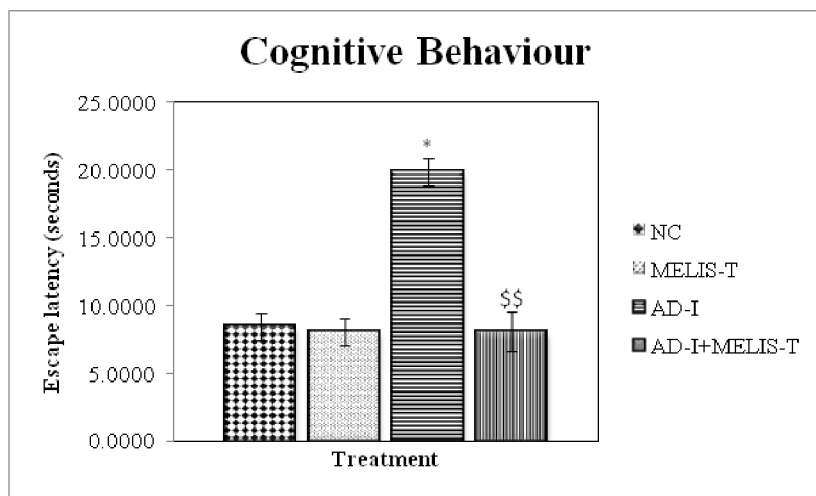


Cognitive Aspects

After analysis of the results, it was evident that MELIS-treated rats had relatively less escape latency than AD- induced rats. Interestingly, AD-Induced rats, simultaneously treated with MELIS (AD-I+MELIS T 150 mg) showed better recovery tendency when compared to AD-Induced rats as evidenced by less escape latency. The same trend was reflected in terms of percentage changes among the 4 different groups of rats as shown in Figure 2.

Figure 2

*Impact of MELIS on the cognitive abilities of different Groups of Rats on the 60 th day of the Experiment. Mean values $\pm$ Standard Error of Mean. * and \$\$ indicate significant changes in experimental groups when compared to a diseased group of rats.*



Histopathological Aspects

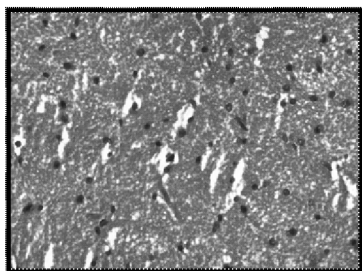
Histopathological examination of the Cerebral Cortex and Hippocampus region in all experimental groups of rats revealed that Normal architecture of neurons was found in control and MELIS alone treated rats. However, on the 60 th day, Encephalomalacia along with Beta-Amyloid Proteins, aggregated with Amyloid core in the form

of Plaques and Neuro Fibrillary Tangles, the specific Hall Marks of Alzheimer's Disease appeared as long pink filaments in the cytoplasm of neurons. Interestingly, even though, several moderately degenerated neurons were also observed on the 60 th day, the gradual disappearance of these AD-Induced changes along with considerable recovery in the cytoarchitecture of neurons in terms of hyperchromatic nuclear chromatin along with prominent nuclei in both regions of the protective group rats (AD+S) was observed thus indicating the reversal effects of MELIS (Figure-3).

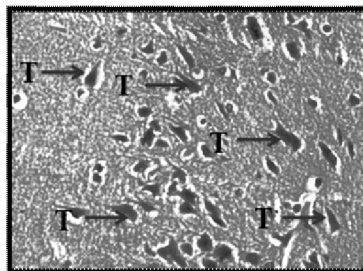
Figure-3

Impact of MELIS on Histopathological changes in the Cerebral cortex (A) and hippocampus (B) region of control and experimental groups of rats on the 60 th day of the Experiment magnified at 40X. (T: Tangles; RT: Recovered tangle)

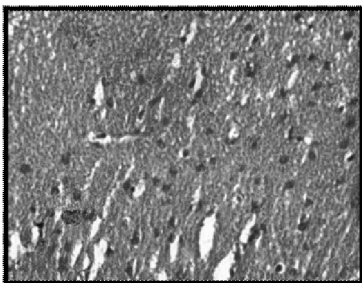
A. Cerebral cortex



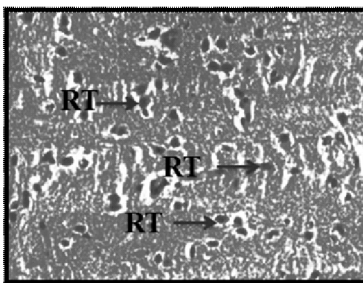
Normal control



AD-I

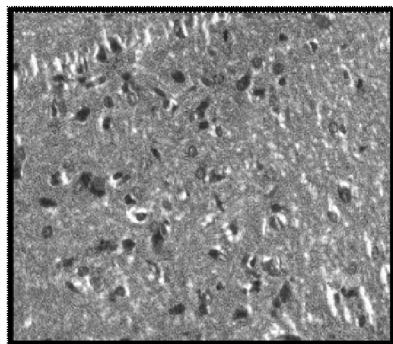


MELIS-T

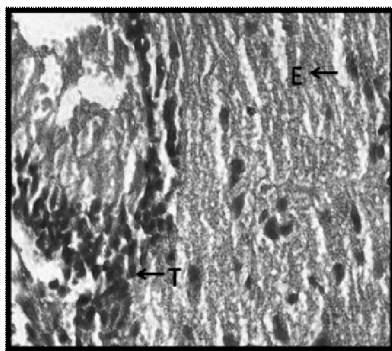


AD-I+ MELIS-T

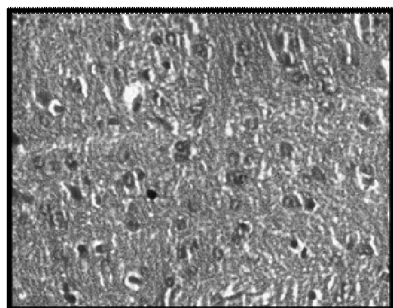
B. Hippocampus



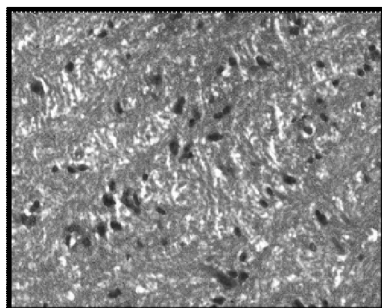
Normal control



AD-I



MELIS-T



AD-I+ MELIS-T

Discussion

From our observations, on all 3 selected parameters, as already mentioned, it was obvious that between day 1 up to the end of the experiment i.e. on the 60th day, AD-induced rats recorded decreased body weights, and poor performance and showed all Histopathological Hall marks, specific to Alzheimer's Disease. Observations on protected group rats demonstrated that whatever changes caused by AD-Induction were reversed with MELIS, thus providing ample evidence that MELIS had a beneficial positive impact. These findings were substantiated by several previous research reports on various natural products such as *Crocus sativus* L Alcoholic extract (Dashti, *et al.*, 2012); *Bacopa monniera* ethanolic extract (Kunte, and Kuna, 2013); Sericin from Silkworm (Peera, and

Yellamma, 2016). Learning, also known as acquiring possession is a process of obtaining situational awareness in the order of the individual, whereas memory is the storing or preservation of this learned knowledge that can be retrieved later. Neurons excited in certain areas or virtual memory of the brain throughout the learning experience are related to the interpretation of a given sensory system (Rolls, 2000). Memories are stored in the brain and are generated by changes in synapses that transmit action from one neuron to the other in a brain network as a result of earlier neural activity, according to physiology. These alterations in spin allow new neuronal routes emerging in the brain's neural architecture. Memory traces are the newly developed routes, which are significant because memories are triggered by the reasoning process to duplicate memories anytime they are needed. An individual's intellectual competence is based on the number of memories he or she has. The Hippocampus and amygdale play an important part in the brain's storage of recent memories and emotional behaviour. The structure and organisation of all these areas, especially in the hippocampus, have been known to be extremely flexible (Richter, and Levin, 2000; Antoniadis, and McDonald, 2003).

Our observations on the water maze test were further proven by the already fact "That water maze ability in rats deteriorates with age”, which was quite apt in the present study on experimentally induced Alzheimer's Disease in rats. Further, whatever changes observed in AD-induced rats were attributed to the excess generation of free radicals which induces oxidative stress, later disturbs the redox state of cell signalling pathways, and declined antioxidant enzymes, eventually causing the poor immunological response, neurotoxicity and cognitive dysfunction (Hua, *et al.*, 2008). In our present study, all histopathological changes caused by the chronic injection of D-Galactose were also been due to several alterations in various functional proteins and enzymes which led to the formation of amyloid plaques along with the appearance of the Neuro Fibrillary Tangles. Further, these disturbances in signalling lead to changes in the cytoskeleton dynamics, eventually triggering the formation of

neurofibrillary tangles (Rivas-Arancibia, *et al.*, 2010). In AD, a large protein called Amyloid Precursor Protein (APP) gets processed and gives a protein product called β -amyloid protein, accumulation of which in the brain forms the plaques, “senile plaques”. Intra-neuronal cortical structures called tangles have resulted from the aggregation of hyper phosphorylated tau protein in the brain. Hence, Dementia patients without these tangles and plaque are not considered AD patients (Mok, *et al.*, 2016). These findings were correlated with the earlier reports of Dongsun, *et al.*, (2011) and Nimgampalle, and Kuna (2017) who proved that Oxidative stress caused by free radicals is a key factor in the progression of AD. This observation was further strengthened by a previous study on A β 13-induced AD rats, where Encephalomalacia in the hippocampus region was observed. There is substantial evidence that the plant extract, containing antioxidant compounds could significantly reduce neurofibrillary tangles and Encephalomalacia in AD-induced brain tissues (Durairajan, *et al.*, 2022; Ono, *et al.*, 2020). From these previous reports, it is established that Alzheimer's Disease can be slowed down by the administration of plant extracts with abundant antioxidant compounds. This fact was proved to be true in my present study, wherein MELIS, by having very potential phytochemical compounds (Jyothi and Yellamma, 2021) exhibited free radical scavenging activity in vitro and modulated the activity of antioxidant enzymes in vivo. These findings were correlated with the earlier reports of Dongsun, *et al.*, (2011) and Nimgampalle, and Kuna (2017) who proved that Oxidative stress caused by free radicals is a key factor in the progression of AD.

In general, the majority of Neurodegenerative disorders are advanced and hereditary diseases. Pathologically, all these neurodegenerative diseases have universal characteristic features: the selective loss of a particular subset of neurons for unknown reasons. For example, loss of neurons: in the Cerebral Cortical region in Alzheimer's Disease (AD); neurons in the substantia nigra in Parkinson's Disease (PD); Spinal Motor; neurons in Amyotrophic Lateral Sclerosis (ALS), and striatal small neurons in Huntington's

Disease (HD) (Richards, et al., 2018). Further, apoptosis has been newly implicated as a promising mechanism for neuronal death in neurodegenerative diseases.

Previous studies have shown that Atrophy and minor changes in the white matter of the brain, especially in lateral ventricles are not observed in the healthy aged brain and hence not taken into consideration for AD (Enzinger, *et al.*, 2007). But, Hippocampus atrophy is the most common symptom in dementia patients suffering from AD. Besides these, the brain of AD patients undergoes persistent changes in white matter (Pini, *et al.*, 2016). Interestingly, in older people, cognitive deficits and CA1 neurons count are not correlated with ageing. However, in AD patients, CA1 neuron counts were less in number than in the normal brain. Hence, CA1 neuron count is taken as an index to differentiate between AD brain and normal ageing brain (Price, *et al.*, 2001).

Conclusion

However, the reversal effects of MELIS on all AD- induced changes indicate the presence of Anti-Alzheimer's compounds in MELIS. Further studies have to be conducted to find the individual active phytochemical constituents of MELIS that work against Alzheimer's disease.

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The spectrum of Gynecological Problems among Elderly Women in Kashmir

Shazia Manzoor, Masarat Ali, Ramez Rahman, and
Sabah Jan,*

Department of Social Work,
University of Kashmir, Hazratbal Srinagar, (J and K, 190006)

*Department of Health and Medical Education, Srinagar (J & K)

ABSTRACT

The present descriptive and analytical study was conducted in the Postgraduate Department of Obstetrics and Gynecology, Lal Ded Hospital, associated with Government Medical College, Srinagar to know the dimensions of various gynecological disorders in elderly women in the Kashmir region and to emphasize various measures for early detection and management of these problems. 105 elderly women aged 60 years and above who attended OPD during fieldwork, were the subjects of this study. It was found that out of 105 respondents, 48.57 percent (N=51) had pelvic organ prolapse (something coming out of the vagina), 46.6 percent, (N=49) respondents had a complaint of post-menopausal bleeding and 4.76 percent (N=5) of respondents had complained of vaginal discharge (atrophic vaginitis). Based on the present findings, it may be concluded that elderly women face many gynecological problems. The high incidence of pelvic organ prolapse, and benign, and malignant post-menopausal bleeding in the elderly age group emphasizes the urgent need for screening

programmes for post-menopausal women. It is suggested that geriatric clinics in the current primary health care system can centralize attention to menopausal women and their needs

Keywords : Health camp, Elderly, Rural, COVID-19.

Keywords: Elderly women, Gynecological problems, Spectrum.

Gynecological evaluation of older women is an essential part of comprehensive geriatric care. Geriatric gynecology deals with gynecological problems faced in post-menopausal elderly women. Indian society which was pyramidal until the twentieth century, is about to become a rectangular society. A community in which almost all individuals survive into old age and then sharply capitulate to a small age group that revolves around 85 (Speroff, 2011). Success in postponing death increased the upper segment of the demographic boundary. The average life expectancy in India is 68 years. The increasing number of post-menopausal women is significantly faster in developing countries than in developed countries. The number of 60-year-old women rose from 5.4 per cent in 1951 to 7.8 per cent in 2001. It is estimated that it will increase to 12.4 per cent of the population by 2026 (Rath, 2016). Age-related geriatric problems have arisen significantly with a longer life span. In Indian society, where the elderly population is increasing, on the one hand, the morbidity linked to geriatric gynecological problems also increases (Dey, *et al.*, 2013). These are attributed to the physiological changes observed in the reproductive organs due to their altered hormonal environment. Geriatric diseases' unique characteristics are chronicity and heterogeneity, greater severity, and slow or sometimes zero recoveries. The various gynecological disorders of ageing are the prolapse of the pelvic organs, post-menopausal hemorrhage, gynecological malignancies, urinary incontinence, genital tract infections, and vulvovaginal diseases. The risk of developing gynecological cancer is higher in geriatric women than in women below

60. People above 65 years of age have greater jeopardy of developing cancer of the ovaries (three times), endometrium (twice), and a 10 per cent increased risk of cervix cancer (Bhatla, *et al.*, 2018). The studies have found an increased risk and incidence of cancer-related death in geriatric women. Age is one possible explanation related to the disease as endometrial, cervical, and ovarian carcinomas are detected at a more advanced stage in geriatric women (Sood, *et al.*, 2018). The spectrum of gynecological disorders in India differs from those in the developed world due to a lack of reproductive health education, unawareness, and inadequate health facilities as there are hardly any dedicated geriatric units. In this regard, the present study aims to know the dimensions of various gynecological disorders in women above 60 years in the Kashmir region and emphasizes multiple measures taken for the early detection and management of these disorders. The focus is also to emphasize the necessity of establishing separate geriatric units for women to give a better quality of life to the elderly.

Methodology

The research design for the present study was exploratory therefore, both quantitative and qualitative approaches of research were used by the researchers. The study was conducted in the Postgraduate Department of Obstetrics and Gynecology, Lal Ded Hospital, Srinagar associated with Government Medical College, Srinagar. It is the only tertiary care hospital that provides exclusive services, and emergency and interventional care in the field of Obstetrics and Gynecology besides providing antenatal and postnatal care facilities for women from all over Kashmir. The sample size included 105 subjects aged 60 years and above who attended OPD (Out Patient Department). Patient demographics (age, education, marital status, residence), reproductive parameters (parity, age, type of delivery, and details of all gynecological problems) were taken. Descriptive analysis was done for presenting the data in frequencies and percentages.

Objectives of the Study

- To explore the various gynecological disorders among elderly women in Kashmir.
- To understand the necessity of various measures taken for early detection and management of these disorders.

Inclusion criteria

- Women who are 60 and above years of age.
- Women who are willing to participate in the study.

Ethical considerations

The study protocol was approved by the Ethics Committee of the institute. The purpose of the research study was explained to the participants and they were assured that the information given to them and their identity will remain confidential and will only be used for research purposes. Verbal consent was taken from the respondents.

Results: The findings and analysis are presented below in two sections

1. Demographic profile of Patients

Table 1.1

Age of the Respondents

<i>Age (Years)</i>	<i>Frequency</i>	<i>Percentage</i>
60-65	29	27.6%
66-70	31	29.5%
71-80	26	24.8%
Above 80	19	18.09%
Total	105	100%

Table 1.1 reveals that out of a total of 105 respondents; 29.5 percent (N=31) are in the age group 66-70 years whereas 27.6 percent (N=29) belong to the age group of 60- 65 years, 24.8 percent (N=25) are in the age group of 71-80 years, and only 18.09 percent (N=19) are above 80 years of age.

Table 1.2*Socio-economic Status of Respondents*

<i>Economic Status</i>	<i>Frequency</i>	<i>Percentage</i>
Low (BPL-Below poverty line)	66	62.8%
Middle (PHH- Priority household)	34	32.4%
High (APL-Above poverty line)	5	4.8%
Total	105	100%

From the above table, it is concluded that the majority of elderly women belong to a lower socio-economic status 62.8 percent (N=66) whereas 32.4 percent (N= 34) belong to middle priority households (PHH). However, only 4.8 percent (N=5) have high socio-economic status. Jindal (2014) is also of the view that socio-economic status is one of the significant factors influencing long-term performance, as is also evident from NFHS-3(2006), showing poor health status in communities with low socio-economic status. The study conducted by Schmitt diel, *et al.*, (1999) has also found that the etiology of gynecological problems among elderly women is significantly related to the cultural and socio-economic background of older women.

Table 1.3*Type of residence*

<i>Residence</i>	<i>Frequency</i>	<i>Percentage</i>
Rural	90	85.7%
Urban	15	14.3%%
Total	105	100%

The above table reveals that the majority of women, 85.7 percent (N=90), belong to rural areas, and only a small percentage 14.3 percent (N=15) are from urban settings. It indicated that older women in rural areas face more gynecological problems in comparison to urban ones.

Table 1.4
Educational Levels

<i>Educational Level</i>	<i>Frequency</i>	<i>Percentage</i>
Illiterate	103	98%
Literate	2	2%
Total	105	100%

Table 1.4 reveals that most women, 98 percent (N=103), are illiterate, and only 2 percent (N=2) are literate. Kaur, *et al.*, (2017) has also found that lack of education and health awareness in older women makes them unaware of screening services and required health care services. Therefore, they report to the hospitals when symptomatic only.

2. Spectrum of Gynecological disorders among Elderly Women

Table 2.1
Types of gynecological disorders

<i>Gynecological disorders</i>	<i>Frequency</i>	<i>Percentage</i>
Pelvic organ prolapse	51	48.6%
Post-menopausal bleeding	49	46.6%
Vaginal discharge (atrophic vaginitis)	5	4.8%
Total	105	100%

Table 2.1 reveals that out of the total 105 respondents; the majority of elderly women 48.6 percent (f= 51) who reported to the hospital have a complaint of something coming out of the vagina (pelvic organ prolapse), 46.6 percent (f= 49) have a complaint of post-menopausal bleeding, 4.8 percent (f= 5) patients have a complaint of vaginal discharge (atrophic vaginitis).

Pelvic Organ Prolapse

“Female pelvic organ prolapse (POP) is a reproductive health condition or pelvic floor disorder in which pelvic organs protrude or slip out from their normal position and push against the walls of the vagina. These organs are said to prolapse if they descend into or

outside of the vaginal canal or anus. This condition may be referred to as cystocele, uterine prolapse, enterocele, urethrocele, rectocele, multiple organ prolapse”(Persu, *et al.*, 2011). About one-third of all women are affected by prolapse (Olsen, *et al.*, 1997, and A Cop 2007). showed this in the study. “Epidemiology of surgically managed pelvic organ prolapse and urinary incontinence” that the age-specific incidence of genital prolapse increased with advancing age. It can be uncomfortable and painful. Commonly women are keeping this condition secret because of the shame, affecting a sensitive part. So it is considered a “*hidden tragedy for women*” (Bajracharya, 2007).

Table 2.2
Types of Pelvic Organ Prolapse

Pelvic organ prolapse	Frequency	Percentage	Mean Parity	Type Of Delivery
Cystocele	7	13.7%	3.3	Normal non-institutional deliveries
Cystocele with hysterectomy	3	5.88%	2	Normal non-institutional deliveries
Multiple Organ prolapse	30	58.8%	6.27	Normal non-institutional deliveries
Multiple Organ prolapse with hysterectomy	11	21.6%	4.2	Normal non-institutional deliveries.
Total	51	100%		

Table 2.2 shows that out of the total 51 respondents, the majority of the respondents 58.8 percent (N=30) have a complaint of multiple pelvic organ prolapse, and had not gone through hysterectomy with an average parity of 6.27. However, 21.6 percent (N=11) have multiple organ prolapse who had undergone hysterectomy with an average parity of 4.2, followed by cystocele. However, 13.7 percent (N=7) had not gone through a hysterectomy with an average parity of 3.3. Only 5.8 percent (N=3) of the women had gone through hysterectomy with an average parity of 2. All respondents with pelvic organ prolapse have undergone normal non-institutional deliveries. It is concluded from the above table that the majority of women with multiple organ prolapse have more average parity and fewer intervals between births. Thus there is a strong relationship between parity, history of hysterectomy, and pelvic organ prolapse.

One of the respondents narrated:

“I am a widow...my daughter-in-law is also a widow. She has little children and we don’t have any means of livelihood. No one can take care of me and accompany me to hospitals. In this old age, what punishment God has inflicted upon me? I cannot sit properly. I feel ashamed. I don’t deserve to go anywhere. Nobody sits beside me as if I have some contagious disease”.

It is learned from the above narrative that any health issue is biological, psychological, and social at the same time. There are no biological problems without psychosocial implications. As there are medical reasons for gynecological problems among elderly women other factors like familial, gender, and cultural also affect and influence an individual’s interpretation of this health experience. Health issues impact the lives of elderly women in myriad ways. It leads to questioning their self-worth and dignity. Health awareness particularly related to sensitive issues should be imparted to women right from their childhood in a scientific manner. Appropriate stakeholders should recognize the need and importance of imparting information to women, which will improve women’s health status thereby reducing the healthcare burden.

Post-Menopausal Bleeding (PMB)

“Post-menopausal bleeding (PMB) is defined as vaginal bleeding 12 months after spontaneous cessation of mensuration”(Munro, 2014). Endometrial hyperplasia (**thickening of the uterine lining**), endometrial atrophy (**thinning of the uterine lining**), **uterine fibroids**, polyps, **vaginal atrophy**, and genital cancers are various conditions that may lead to post-menopausal bleeding (Sullivan, 2017).

Table 2.3

Types of Post-menopausal bleeding (PMB)

<i>Post-menopausal bleeding</i>	<i>Frequency</i>	<i>Percentage</i>
Maligant PMB	15	30.6%
Benign PMB	34	69.4%
Total	49	100%

The above table reveals that 69.4 percent (N=34) of elderly women are suffering from benign post-menopausal bleeding and 30.6percent (N=15) of women have malignant post-menopausal bleeding.

Table 2.3.1

Malignant Post-Menopausal Bleeding

<i>Malignant PMB</i>	<i>Frequency</i>	<i>Percentage</i>
Endometrial cancer	10	66.7%
Ovarian cancer	5	33.3%
Total	15	100%

Table 2.3.1 indicates that out of 15, 66.7 percent (N=10) of elderly women have endometrial cancer, and 33.3 percent (N=5) have ovarian cancer. Jemal,*et al.*, (2006) have also reported a significant increase in the frequency of cancer after 65 years of age. Moreover, the study has found that the most common disease was endometrial cancer, followed by ovarian cancer. However, the above findings are in contrast with the research conducted by Kaur,*et al.*, (2017), where cervical cancer among older women was most common, followed by ovarian and endometrial carcinoma.

One of the respondents narrated

"I visited the district hospital many times... doctors told me to visit a city hospital which has specialized doctors and proper infrastructure to cure my ailment. They suggested I visit Lal Ded hospital in Srinagar. After the checkup, I was asked to get some tests done and comeback with reports after three days. It was very difficult for us to go back to the village and come again after three days. My son and I spend three days in the nearby shrine in Srinagar. After evaluating my reports, the doctor diagnosed that it is ovarian cancer and is spreading to other body parts...Life has been very cruel for me and I want to die now as I am a huge burden on my family".

From the narrative, it is inferred that due to the lack of facilities and proper infrastructure at primary health care centers as well as

district hospitals mainly in far-flung areas, elderly women face a lot of problems. Moreover, lack of awareness, low accessibility, and low socio-economic status lead to delays in the screening and diagnosis of gynecological problems in elderly women, thus causing hurdles in the application of treatment measures, causing an obstacle and blockade of medical services.

Table 2.3.2
Benign Post-Menopausal Bleeding

<i>Benign PMC</i>	<i>Frequency</i>	<i>Percentage</i>
Atrophic Endometrium	17	50%
Proliferative Endometrium	5	14.7%
Simple endometrial hyperplasia without atypia	3	8.8%
Uterine fibroids	5	14.7%
Benign ovarian tumours	4	11.8%
Total	34	100%

Out of 39 elderly women, 50 percent (N=17) have complaints of atrophic endometrium, and 14.7 percent (N=5) have proliferative endometrium. However, 8.8 percent (N=3) have simple endometrial hyperplasia without atypia, 14.7 percent (N=5) of elderly women have a uterine fibroid, and 11.8 percent (N=4) women reported benign ovarian tumours.

One of the respondents narrated

“The continuous heavy bleeding at this age has left me helpless and dependent on others. Day by day it is becoming very difficult for me. The doctor told me that this condition can be cured by hysterectomy. But unfortunately due to other health ailments, they cannot take this risk. Initially, my daughter-in-law was taking care of me. Now they also got fed up with me and started behaving differently”.

From the above narrative, it can be concluded that timely intervention is important. If this condition was treated at the proper

time this woman would not have ended up in this condition. Health often interferes with the woman's everyday affairs and impacts family relations adversely. Health problems burden the family with extra care, management of the patient, and medical expenditure. The need of the hour is to adopt a multi-pronged approach toward post-menopausal women's problems with a primary focus on prevention and intervention.

Discussion

Nearly half of the women above 60 years of age have the problem of pelvic organ prolapse, 46.6 percent have a complaint of post-menopausal bleeding, and only 4.8 percent of patients have a complaint of vaginal discharge (atrophic vaginitis). These findings are supported by the study conducted by Thapa, *et al.*, (2014) which found that pelvic organ prolapse is one of the most common gynecological problems among older women after 60 years followed by post-menopausal bleeding. In the present study, 58.8 percent have a complaint of multiple pelvic organ prolapse and had not gone through hysterectomy with an average parity of 6.27. Only 5.8 percent of women have gone through hysterectomy with an average parity of 2. All respondents with pelvic organ prolapse have undergone normal non-institutional deliveries. Thus there is a strong relationship between parity, history of hysterectomy, and pelvic organ prolapse. The findings are in line with the study conducted by Olsen, *et al.*, (1997) which found that pelvic dysfunction is a significant health issue for elderly women. The age-specific incidence of genital prolapse increased with increasing age, and the majority of patients were older, post-menopausal, and multiparous. Another study conducted by Kumari, *et al.*, (2000) also found the same.

In the current study post-menopausal bleeding is the second most common disorder reported by older women. Out of the total respondents, 69.4 percent are suffering from benign post-menopausal bleeding and 30.6 percent of women have malignant post-menopausal bleeding. The most common cause of PMB is atrophy. Atrophy accounts for 60–80 per cent of all causes of post-menopausal bleeding, whereas endometrial hyperplasia and cancer each account for 10 per

cent of cases. The remaining causes are attributed to endometrial or cervical polyps (2 to 12 per cent); exogenous estrogen (15–25 per cent); cervical cancer (1 per cent) and factors such as vaginal trauma, anticoagulants, and bleeding from non-gynecological sites (Brand, 2007). Out of total malignant post-menopausal bleeding, 66.7 percent of elderly women have endometrial cancer, and 33.3 percent have ovarian cancer. Jemal, *et al.*, (2006) have also reported a significant increase in the frequency of cancer after 65 years of age. Moreover, the study has found that the most common disease was endometrial cancer, followed by ovarian cancer. However, the above findings are in contrast with the research conducted by Kaur, *et al.*, (2017) where cervical cancer among older women was most common, followed by ovarian and endometrial carcinoma.

Elderly women are prone to genital malignancy if it is not taken care of at the proper time. Various studies have shown that most elderly women reported at an advanced stage; therefore, they were inoperable. Thus, recommendations to stop screening in geriatric women should be viewed with caution. The hesitation in going through pelvic examination in elderly women needs to be sensitively addressed to avoid increased morbidity due to delayed diagnosis. This group (elderly women) has 80.8 percent of comorbidities and is at high risk for surgery. Thus there must be a distinct geriatric unit (OPD, theatre) to examine this most vulnerable subset of the population. In this study majority of post-menopausal bleeding cases (PMB) are benign; however, if proper screening and treatment are not taken at the time, benign post-menopausal bleeding may lead women towards malignancy. The health department and community-based organizations concerned with the health of women should create awareness regarding reproductive health problems among women in general and elderly women in particular and support the affected women and their families and help them obtain necessary treatment. Extensive information, preventive programmes, and early management of these problems should be the first steps to reducing this significant, social, and public health problem.

Conclusion

The post-menopausal period is an integral part of a woman's life. The geriatric phase is even more critical as aging also becomes a factor. Hence post-menopausal women are at risk of various gynecological problems. Awareness about gynecological issues is essential for the protection of women's reproductive health. Various research studies have shown that women have insufficient knowledge of early gynecological investigations. Due to the inadequate literacy rate, lack of knowledge of screening programs, and lack of reproductive health education, the non-availability of medical facilities, most of these women went to hospitals only when they have symptoms. Most of the patients didn't have a pap smear or any other screening test done and consequently by most of the gynecological malignancies were detected at advanced stages. Late detection of cancer of the genital was caused by the lack of a screening programme. Illiterate women with low socio-economic status and superficial clinical assessment to which they are subjected at primary health care facilities lead to delays in presentation and diagnosis. Women are at risk of various gynecological conditions including genital carcinoma and warrant a thorough evaluation. It has been found in the research that women generally enter a healthcare setting for the first time at the time of their pregnancy. The lack of awareness, inaccessibility and poor socio-economic status lead to delays in the screening and diagnosis of gynecological disorders in elderly women, which causes difficulties in the application of treatment procedures posing an additional obstacle. Also, reluctance to undergo pelvic examination in this population must be approached sensitively to prevent increased morbidity due to delay in diagnosis. The high incidence of pelvic organ prolapse and benign and malignant post-menopausal bleeding in the Kashmir region emphasizes the urgent need for screening programs for post-menopausal women. In the future, geriatric gynecology will play an essential role in India, as the elderly population is demographically expanding. It is suggested that the establishment of geriatric clinics in the current primary health care system could centralize care for menopausal women and their needs.

There is a necessity for a multidisciplinary approach to post-menopausal women's problems with more focus on prevention and interventions. The geriatric clinic is poised to meet these new challenges and provide opportunities to help patients live healthier lives.

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Ayahs and their Elderly Clients: An Empirical Study in the Context of Kolkata

Ahana Choudhury, and Amiya Kumar Das

Department of Sociology,
Tezpur University, Tezpur, (Assam).

ABSTRACT

The purpose of this qualitative study was to explore in what ways the ayahs (paid caregivers N=25) facilitate their elderly clients (N=25) to participate in social and creative activities and how the elderly clients perceive the role of ayahs as 'activity agents' working through amiability and crisis. Observation method and in-depth interviews were conducted with 25 ayahs and 25 ill or handicapped elderly subjects living in Kolkata (West Bengal) from February to March 2021 and March to April 2022. The study's findings revealed that care intervention of the ayahs turns the ill elderly into active actors in society, facilitates their positive engagement, and enhances their quality of life, such as setting routines, pursuing creative endeavours, engaging in household activities, etc. Based on the findings, it might be suggested that policymakers should consider the role of ayahs as a social resource in the caregiving process of ill elderly persons. The policies should also consider adequate wages, healthcare facilities, and social welfare of the ayahs and their own families.

Keywords: Activity agents, Care, Ayahs, Elderly

Today, metropolitan cities in Eastern and Southern Indian states are on the verge of turning into ageing societies. As a result, more and more *ayahs* and *ayah*-centres are emerging in Kolkata, the capital city of the Eastern Indian state of West Bengal. The *ayahs* are usually defined as paidcare providers nurturing and serving the old and infirm (Basu, 2020). At the outset, they are tasked with caring for, feeding, and bathing sick elderly, but also facilitating their complex needs such as emotional healing and social mobilization. In other words, *ayahs* align themselves with semi-formal institutions such as the *ayah*-centres where managers assign them duties and they take work across elderly clients' homes. Their care-work might range from an hour, a full day to that of years, depending on their client's health, their wages, and the nature of the relationship they share with the familial members of the client. Besides, while the normative-discursive state structures refer to them as 'unskilled workers' (Government of West Bengal, 2020), their work is largely shaped within the dynamic intersections of formal legitimization (in the *ayah*-centres) and informal labour economy. This also processes the practices of social ageing; in which *ayahs* are not mere salaried caregivers but speak for the micro facets of emotions, ethics, and ageing experiences to the macro aspects of structured elderly health in Kolkata. The latter aspect can be explored in comparison to elderly healthcare mechanisms in developed economies.

Lately, Kolkata is also acquiring characteristics akin to the developed nations such as the U.S. and Canada debating upon the tripling of old-age dependency rates and public healthcare or 'super-ageing' countries like China evolving with a humongous elderly population (Mao, *et al.*, 2020). Elderly care in these nations involves trained geriatric nurses and day-care centres. Geriatric nurses often serve a three-way process: instrumental care, clinical intervention, and emergency attention (Boyd, *et al.*, 2014; Chunlan, *et al.*, 2020). Besides, public-aided programmes in the U.S. for the retired and ill elderly such as Community Partnerships for Older Adults (CPFOA), foster meaningful involvement for them in local communities through

neighbourhood support, crisis preparation by familial members, and free transportation vouchers (Black, *et al.*, 2012). But, this brings to notice that social services for the ill elderly in a developing country like India still require generous support. Over the years, the public expenditure on social security services starkly declined. This ceased to fund specialised geriatric units and nursing forces for the ill elderly in Indian healthcare institutions. So, within such gaps, *ayah*-centres and *ayahs* are evolving as an accessible resolve in Kolkata. Their labour-investment and responsiveness to day-to-day elderly care invoke significant impacts on reducing hospitalizations for ill elderly persons. But *ayahs*' work remained neglected across scholarships on gerontology, sociology, and social work.

Academic resources in the context of Kolkata largely presented old-age homes as an alternative non-familial approach to ageing and mobility. These ageing homes have been analysed as a symbol of modernity, globalisation, ruptured filial reciprocity between elderly parents and their children, and cocoons for the uncared elderly (Samanta, 2019; Pandey, 2022). These juxtaposed realities today explained adult and children as being influenced by the utilitarian-individualistic principles of Western societies (Lamb, 2009). Underneath it, processes like urbanization, breakdown of joint-patriarchal families, migration of adult children, brain drain and economic liberalization of India (in the late 1990s), have also been associated with the burgeoning drive of the lone elderly trying to sustain themselves independently of their kins (Gangopadhyay, 2020). A more complex endeavour for the elderly has been to habituate themselves to re-participate in several social activities. However, it is also important to state that the perspectives of the elderly in picking up their interest-based activities—either profit-based or social volunteering, are dependent on the dialectic of socio-cultural intricacies and subjective dispositions. Such as, *ayahs* work as a unit of ageing culture in Kolkata while instilling principles of 'active ageing' (Walker, 2002) among the elderly; which induces them to stay healthy/fit, rejoin employment after retirement, and participate in community affairs.

However, the socially intersecting events in which the *ayahs* work with emotional, physical, and moral fervour for revolutionising the ill and handicapped elderly's life processes in the Indian context, have been largely overlooked. As a matter, for the sick elderly to practice morning walks or mobilise themselves for interest-based activities, might require physical, psychological, and social nourishment from caregivers (either kins or *ayahs* as available). In case, kins are involved in the job markets with a lack of time to manage their elderly parents' care, then paid-skilled *ayahs* are appointed. This turns *ayahs* into a typical representation of elderly activity in Kolkata while resituating their laboured-bodies as a status symbol for middle and upper-income families involved in the culture and commerce of care. So, foregrounding this, firstly, the study explores multiple ways in which *ayahs* facilitate their elderly clients to participate in regenerative social activities for re-situating membership within the society. Secondly, it analyses how elderly clients perceive the *ayahs* as 'activity agents', functioning within the shifting domesticities, social ageing processes, and relationalities of care.

Methodology

This study was conducted in 30 elderly care-receiver's (clients) homes situated in the New Town and Garia areas of Kolkata, from February to March 2021 and March to April 2022. New Town area is located near the Rajarhat region of North 24 Parganas and is known as the 'satellite city', or city within a city (Khatun and Sivarama krishnan, 2018); while Garia lies in South Kolkata. These are as present distinctive markers for *ayah*-centers, positioned in crowded markets. Relatively, the first phase of data collection was conducted before and the second phase took place after the disruptive second wave of the COVID-19 pandemic in India. This, however, did never gravely influence the responsiveness of the participants. While a number of the *ayahs* wiftly left Kolkata during the pandemic lockdown, a substantial number of them were appointed for 24 hours in Kolkata's middle/upper-class homes and stayed there. This can be attributed to

the fact that the ill elderly and their kins are often exclusively dependent on the *ayahs* in Kolkata.

To explore the research questions, in what ways do the *ayahs* facilitate their elderly clients to participate in social and creative activities, and how do the elderly clients perceive the role of *ayahs* as ‘activity agents’ working through amiability and crisis; an observation method and 50 in-depth interviews were conducted. 25 *ayahs* and their 25 elderly clients were interviewed. With this, as intended, two semi-structured interview schedules comprising close and open-ended questions were used. The first schedule consisted of questions for the *ayahs*, ranging from their years of experience to relationships with elderly clients and the second schedule consisted of questions for the elderly clients on their *ayahs*’ services, their illness experiences, and routine activities. Both schedules were prepared in Bangla since it worked as a convenient medium for the participants. Bangla (or Bengali) is the regional/official language in West Bengal, besides English (Eberhard, *et al.*, 2022); and revealed the complex emotions of *ayahs* and elderly participants on caregiving and care-receiving, respectively.

Furthermore, the collected data was transcribed from Bangla to English. The data were categorised in an MS-Word (MS-Office 2019) document and assertive narratives or testimonies were highlighted. To complement this, a thematic analysis was used with a manual approach to identify the patterns of meanings across the dataset. Consequently, Braun and Clarke’s (2012, pp. 60-69) technique of thematic analysis was used—

Step 1: Familiarising oneself with the Data

————— *Application:* Understanding the gestures in which participants spoke (grim/happy/skeptical)

Step 2: Generating Initial Codes

————— *Application:* Categorising assertive speeches with phrases like ‘*ayahs* as resources’

Step 3: Searching for Themes

————— *Application:* Turning to more specific connotations.

Step 4: Reviewing Potential Themes

—————*Application:* Finalising thematic areas in terms of relevant data.

Step 5: Defining and Naming Themes

—————*Application:* Naming themes relative to noteworthy statements.

Step 6: Producing the Report

—————*Application:* Presenting the ‘findings’ of the study.

Each step was carefully followed in discerning the hidden crisis of *ayahs* and elderly clients, in their social expectations of performing respective activities.

For ethical clarity, consent was taken from participants, and testimonies were read out to them for their assurance. The participants were selected through the snowball sampling technique, since we tracked homes where both *ayahs* and elderly clients were living together as caregivers and care-receivers, respectively. We were well-acquainted with some people in Kolkata who facilitated the contact information of the participants. Since we included elderly clients with chronic illnesses and those who are still mobile (not with mental health syndromes), consent forms were used for their approval. We likewise tried evading biases by foreclosing influences from elderly participants’ kins on their thought processes.

Lastly, a note-taking approach was adopted for observations made in the field. Audio and video recordings of the interview sessions were taken upon voluntary consent. For the confidentiality of identities, the real names of the participants were replaced with pseudonyms. Lastly, the study received clearance from the Research Committee of our University.

Results

The results have been drawn through thematic analysis, presenting the perspectives of *ayahs* and elderly clients on their social activities and relationships.

Social Communication

The relationship between *ayahs* and their elderly clients stems from intricate communication. This involves sociability, care, and nourishing of elderly emotions. Most of the elderly participants talked about how *ayahs* restructure their communication with erstwhile professional and personal associates while in turn re-stabilising their split' social capital (Bourdieu, 1986). Social capital or contacts of value work as a property for them in their later life stages. An elderly participant being ecstatic, spoke:

Renu [*ayah*] is really good. She helped me in *notunkorekotha bola* [speaking again with friends and kins!]. She reminds me every time to contact the pension officer. On my last birthday, she secretly invited my school friend. I was awestruck! I just mentioned her long back and Renu somehow gathered her number! (S.Dasgupta, 75 years)

Activities of elderly clients also pave the way through social stratification in mundane world transactions. In the Indian context, categorization of people takes place through caste, class, religion, and other hierarchies. While the *ayahs* often belong to lower caste and class backgrounds, the dependency of elderly clients on them induces a mystification of social differentiation. Many *ayahs* stated that Brahmin elderly clients allow them to enter kitchens and eat curries from the same pot. This gesture boosts their urge to be productive and loyal to their clients. Seema, an *ayah*, working through a popular *ayah*-centre for eight years, stated:

I received immense admiration in *meshomosai* 's [elderly man client] home. Sometimes comments on my lower-caste identity erupt. But *mesh mosaic* allows me to enter the kitchen and cook for him. Who does that? He does care for me as I do. I make sure that he doesn't move much as he fractured his hip joint last time! (Seema Saha, 40 years)

The care-relationship between *ayahs* and elderly clients also legitimises *ayah*-centres as elderly 'activity generators'. Rather than hiring *ayahs* randomly, most of the clients hire *ayahs* from well-known

references for their safety. The *ayahs* working in *ayah*-centres possess requisite skills and professional work potentials for sustaining the 'bodies' of the elderly - keeping them clean, arranging their wardrobes, and maintaining records of medical meetings. In a way, the *ayahs* turn their clients 'presentable' as consumers and members of society. S. Mitra, a male elderly client in his late 80s, uttered with bliss:

I am lucky that Monali [*ayah*] is here. I lost my legs' sensitivity due to a massive nerve attack. She took care of me through kith and kin. I never married. She keeps me healthy and presentable as I go to day-care centre. I take art classes and enjoy my job! (S. Mitra, 85 years)

So, rather than negating clients' sufferings, the *ayahs* take into account their traumas and enable them to participate in creative forms of labour. This indicates stronger implications for healthy ageing processes while renewing possibilities for the ill elderly to manifest work, which bestows a resemblance with other functioning members, such as employed kins. Work participation also facilitates ways to contribute to the household economy in some form or other.

Social Ageing with Ayahs

While the chronically ill condition of the elderly clients threatens their body and mind holism, *ayahs* as an accessible resource harness more meanings for their everyday social participation. But it is, however, dependent upon the gendered norms, domestic expectations, patriarchal residues, and ideal femininity. Often, the *ayahs* disburse differentiating attitudes on facilitating elderly men and women while inspiring them to work in stratified spaces of the household. An elderly participant stated:

My experience with Rita [*ayah*] is certainly different from my husband's. While she is a family member, she always inspires my husband to go out and participate in health clubs. When it comes to me, she asks me to stay at home or do embroidery work. But I also want to roam and teach children in some NGO! (L. Mishra, 70 years)

The intricate form of the moral economy within Kolkata's homes induces the dependency of the elderly upon the *ayahs* with the breakdown of intergenerational families. Relatively, care-behaviour and practices of affectivity also pass off through the boundaries of privacy and agency, drawn for both *ayahs* and their elderly clients. This generates a space for experiencing intrapersonal activities. Moina, an *ayah*, stated:

Even if I share a bond with *mashima* [an elderly woman client], we both have some privacies for us. When she writes her diary and video-chats with her daughter who stays abroad, I don't like to enter her room. My presence every time might remind her of her age. *Masima* also gets annoyed if I interfere too much in her 'personal' time of engagement! (Moina Halder, 30 years)

Ayahs perform the complex activity of attuning clients' consciousness to their middle-aged habits. This involves clicking pictures with them, learning traditional dishes from them, painting with them, and doing evening walks. Such activities also depict exchanging subjectivities and knowledge. Besides, the social, moral, and cultural transitions in familial structures, such as the elderly living alone or their children as occupied, often encourage them to participate in few activities outside. They seek compassion in public domains while locating their activities as a way of adapting between traditional socialization and contemporary social changes. Another elderly participant stated:

Most likely my son will shift to a new apartment with his wife. Nowadays, neither we can retain Indian values nor children are much interested in *Seva* [services for elderly parents by young children as per the Indian culture]. They are like, you look after yourself as you get a pension! Then, I was referred to an *ayah*-centre by my sister. My *ayah* is caring. I teach her a few things and she teaches me some. That's an activity (*laughing*)! Also, I work in a community club! (A. Bhaduri, 76 years)

So, *ayah* care in turn offers the elderly to participate in diverse activities, ranging from the formal, and semi-formal to the informal. Their networking with *ayahs* often garners them enough pleasures of talking and re-doing activities that they accomplished during their early or middle-aged years. This also eases their transition from erstwhile salaried to non-salaried work roles.

Crisis of Performing 'Activity'

Performing activities often invites crises for the social personality of the elderly clients to be reconstructed. Many elderly participants stated that even if *ayahs* bestowed moral support for joining organizations, tensions of being 'old' and possibilities of being absent due to several illnesses, threaten their social networking. An elderly participant suffering from Type-2 Diabetes stated:

After retiring from a Government School in Birbhum, I shifted to Kolkata. My life has been a struggle due to diabetes. Kabita [*ayah*] is there, so I don't worry! She took me to a music school and I joined. But, due to my illness, I often remain absent. I feel my peers in music school are too drifting apart. Chats can only happen after being regular to school. (R. Banerjee, 75 years)

The affective, moral, and economic relationship between *ayahs* as agents imbibing affirmations for elderly clients' actions and elderly clients as adapters, is not without the distribution of power relations in domestic spaces. Several *ayahs* stated that their clients often herald discourteous speeches. Even minute setbacks in their clients' activities lead them to shower fractured emotions on *ayahs*. This often generates rifts between *ayahs* and their clients. An *ayah* stated with a voice of concern:

For a few days, *baba* [elderly man client] did not talk with me. He is angry! That day, he could not make his decision to listen to a few people in a nearby 'Cultural Club'. He felt neglected! *Shobraagamaroporjharlen* [he released all of his frustrations on me!]. I was hurt! (Shilpi Kundu, 38 years)

Reshaping one's physical and mental faculties to perform activities is also associated with the intimacies of care giving. The social identities, roles, and role relationships of portraying oneself as an elderly expand systemic associations between *ayahs* and elderly clients (actors of care), in an arrangement of lived worlds. Besides, like-kinship relationships often developed between *ayahs* and elderly clients make the elderly remember their yester years when they observe the workable-resilient and mobile bodies of their *ayahs*. This also translates through individual and social confirmations on what is appropriate for old age. An *ayah* stated:

Caregiving is rewarding but also about experimentation. I feel skeptical when *mesomosai* [elderly man client] looks at me and says, 'I used to work like you when I was young. I had skill and speed'. I understand, he is sad about his condition. But, we talk and help each other out. Now, he attends parties too (*smiling*)! (Bulu Devi, 40 years)

So, the relationship between *ayahs* as 'activity agents' and the elderly clients as performers of various activities is also marred by the crisis of absorbing the socialised dimensions of ageing and elderly autonomy. The nostalgia of leaving one's healthy teenage years and arriving at ageing, diminished physical energies and paid care-receiving, reshapes different activities among the elderly.

Discussion

The study incorporates themes that explore the intricate activities the elderly are often involved in for their social status restoration after they experience loss of authority and recognition across social arrangements. These themes affirm that the elderly participate in certain activities after life-changing events, such as the onset of illness and retirement. This is however conceivable due to the work of the *ayahs*, who serve as 'activity agents' and coordinate activities for the elderly across the junctures of social ageing.

Today, *ayahs* work as a labour-force for the elderly in Kolkata's middle and upper-class homes. As a matter of fact, families are

changing with the increase in the life-expectancy of the old. Apart from the socio-cultural legitimization of adult children as ‘natural caregivers’ for their elderly parents, the breakdown of the intergenerational familial system is largely cultivating spaces for the intervention of the *ayahs*; even if this might be an ambivalence of losing independence with the virtue of age (Brijnath, 2014). The first theme of ‘social communication’ depicts these. *Ayahs* function as ‘social capital for the elderly clients, enhancing their social interactions with others. Social capital, as defined by sociologist Bourdieu, Pierre (1986), denotes ‘actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition’ (p.248). Similarly, *ayahs* who dwell with elderly clients and nurture their bodies continually for years, work as ‘actual’ resources—reconstructing clients’ fractured reflections on performing activities anew. The *ayahs* and their clients stated that mundane sharing of information on ‘what happened at workplace or places of activities by the elderly, after they return home, motivates them to work further. This is relishing domestic participation on one hand and being mentally ‘active’ on the other. The motivation received within their household for excelling in creative activities often enhances their social status against the backdrop of dwindling traditional authority and *seva*-receiving from kins. This also correlates with the ‘activity theory of ageing, which characterises a symbiotic relationship between life-task participation of the elderly, contentment, low-scale depression, and increased mobilities (Park, 2009). Besides, not mere *ayahs*, but *ayah*-centres also mediate actions for the elderly clients as ‘activity generators’. Most of the *ayahs* testified *ayah*-centre managers as their trainers who introduced them to their clients with substantive details. In many ways, *ayah*-centres marketize the ‘activeness’ of the elderly and the rebuilding of their bodies or productive personalities.

With care and nurturance, the ways of deriving meanings from activities turns more relational. A majority of the elderly participants narrated the performance of social activities as a way of culturing their

memories and bodies for healthy living, with the support of their *ayahs*. But this also entangles an underlying hierarchy. The work of *ayahs* negotiates across the social stratification systems of caste/class on one hand and blurring codes of inequalities on the other. Many *ayahs* stated that they are often made to sit on separate old chairs and use shabby utensils for food, even if tea and food are offered in drawing rooms. If caregiving is considered an engagement with the ‘affective states, forms of moral experience and obligation’ etc. (Buch, 2015, p. 279); then several social activities by the elderly clients also work through the complex functions of the mundane world. This is further reflected in the second theme of ‘social ageing with *ayahs*’, which reinstated regular experiences of elderly participants with valued outcomes, such as decision-making in local clubs, re-joining employment, and sharing knowledge with their *ayahs*. Such ends might lead to self-actualization and positive emotions for the *ayahs* and elderly clients; in turn, enabling the sustenance of intergenerational households. Some of the elderly participants narrated how *ayahs* have amended their relations with their sons/daughters, as they received more time for their work and tour; earlier it was spent on their parents’ care.

In several instances, *ayahs*’ narratives indicated that the interest of their clients in domestic and public activities is also dependent on gendered norms and their subtle transgression. This has been substantiated through the elderly women participants who talked about early years’ lifestyles, former employment, health, and relationships with immediate/extended family members, which shaped their views on accomplishing creative activities. Elderly women retired employees narrated about more such possibilities of participating in outdoor activities in contrast to elderly women home-makers. This can also be extended to the entrance of *ayahs* in the life course of the elderly. Collaborative works by *ayahs* and their elderly clients inculcate an essence of ‘habit’ formation and action in them while instilling the zeal and passion of the elderly’s yesteryears, such as painting. It operates through intervening within the privacies of each, yet offering spaces

for autonomy. This implicit negotiation of sustaining agencies of each seemed to be a vital constituent of assembling elderly actors' social mobilities and the familial-social role of *ayahs* as 'activity agents'.

However, performances of activities by the elderly are not without the crisis in their cumulative health trajectory. In the third theme on 'crisis of performing an activity, it has been analysed that the chances of physical deterioration however intervene in the everyday lives of the elderly. While the *ayahs* sustain the bodies of the elderly in retaining their social networks, the processes of networking often move between abrupt non-performativity and partial alienation. A considerable number of elderly clients narrated that they often find it difficult to renew ties with their peers or engage in camaraderie groups with people who are more active than them. Such crisis is often disseminated to *ayahs* who work within a hierarchical relationship. Elderly clients and their kins (mostly from Brahmin or Kayastha families) negate absolute hierarchical dispositions for the strategic need of the *ayahs* on one hand and might practice social differentiation through words or subtle actions on the other. As Sinha, *et al.* (2019, p. 6) state, 'At homes and in public places, the boundaries are constantly erected but also challenged. The social identity of the master and the servant [*ayahs*] is often detectable even if not verbalised'. Some *ayahs* stated that elderly clients occasionally hurl invasive comments at them or their caste identities. In a way, the social presence of the *ayahs* as 'servers' often makes them an accessible force while (de)legitimising their subjective and social sufferings. Besides, active movements of the *ayahs* from morning to night in the clients' households, act as a symbolic manifestation of age differentiation. As a fact, young people are less likely to have severe physiological anomalies than the elderly, whose immunity might be compromised with increasing age. So, an analytical account of these three themes depicts how the practices of certain activities by the elderly are not without the complex processing of ethics, morality, social identities, and inter-subjectivities, that revolve around *ayahs* and elderly clients (care-receivers) in Kolkata.

Conclusion

Ageing in India is transitioning with the structural changes in familial-relationships, demographic transitions, and fragile filial reciprocities. At that juncture, *ayahs* working through the *ayah*-centres are intervening to care for the ill elderly and furnishing their bodies by turning them into active actors in society. The fulfillment of *ayahs*' social role as care-workers is also turning them into 'activity agents', producing varying spaces for ill elderly to facilitate positive engagement and enhanced quality of life, such as setting routines, pursuing creative endeavours, engaging in household activities with *ayahs*, etc. So, a reflective analysis would be to uncover channels through which the elderly might re-locate their identities and motivations in performing different activities. It is also imperative to consider that the essence of independence achieved through formal and domestic activities is not without certain dependence on social networks. In this case, the study might inform policy-making in which *ayahs* can be harnessed as a social resource for the elderly in India, against the backdrop of increasing chronic morbidities. This might also involve implementing effective policies for adequate wages, healthcare, and social welfare of the *ayahs* and their own families, such as creches for their children to provide security when they work in clients' homes.

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Pandemic and Support System of Urban Elderly : A Study of NCT Delhi, India

Asiya Nasreen, and Mushtaq

Department of Social Work,
Jamia Millia Islamia, New Delhi

ABSTRACT

The present research described the effects of the pandemic on the support system of the urban elderly from the upper-middle-income group using a qualitative approach. The data was collected through an interview schedule and interview guide from 30 elderly and 10 of their caregivers respectively. The content analysis technique was employed to analyze the data and it was found that children, spouses, and care attendants were primary caregivers (90%). The impact on the support system of the elderly from the middle-income group was less severe and the resources for the continuation of life were arranged by their caregivers. Thus, with social support and the supportive behaviour of care providers, the difficult phase was managed by the elderly.

Keywords: Social Support, Covid-19, Elderly, Upper-Middle-Income Group, Caregivers

The Covid-19 pandemic has impacted the lives of every individual and changed the pattern of their daily routine. The core areas affected by the pandemic are health, the economy, and social life (Haleem, *et al.*, 2020). The elderly face isolation, dementia, anxiety, depression,

cognitive impairment, agitation, (Hebblethwaite *et al.*, 2021; Walarine, 2020), economic challenges, discontinuation in the regular services, shrinking of the welfare measures, poverty, information insecurity and vulnerability of the health, etc. The Pandemic also increased the instances of ageism, racism, and classism in older adults (Martin, *et al.*, 2021). The elderly from the lower-income group were subjected to double marginalization as they neither had many financial resources nor can get the benefit of government schemes due to a lack of awareness and documents (Kaulagekar, 2007).

There is a heterogeneous effect of the pandemic on different strata of the elder population. Gayatri, (2022), reported that the elderly learned technology and purported that it can help to maintain their well-being. It increases connectivity with family, fosters intergenerational relationships, improves the quality of life, increases self-care, and management, and improves awareness of advanced directives and other legal documents (Sharma, 2021, Sinha, *et al.*, 2021). The stress generated by ‘information overload’ during Covid led to paranoia and health-care-related mistrust among the elderly (Banerjee, 2020). However, Khosla (2021), asserts that mental wellness could be maintained by positive coping mechanisms although the psychological impact of the covid-19 was felt equally by the male and female elderly.

Overall well-being is impacted by leisure activities or “Social Prescribing Initiatives” such as engagement in listening to songs, art therapy, podcast, technology-based engagement, group bonding, live streaming of concerts, religious activities, and creative endeavors (Walarine 2020; Hebblethwaite, *et al.*, 2021) but they were also impacted. Those with cognitive deterioration needed special care (Walarine, 2020; Banerjee, 2020). Likewise, (Nair & Appu, 2021) while investigating the relationship between social connectedness and psychological distress in elderly people during Covid-19 reiterated that lack of social connections increases the likelihood of psychological distress. Tin Aung Kyaw, *et al.*, (2022) explored the impact of Covid-19 on self-reported social isolation among hearing-

impaired elderly. Participants mentioned decreased emotional and instrumental support but it was not significantly associated with covid 19 but was more associated with marital status and living arrangements.

Social support available to the elderly is like a cushion to manage physical and mental health issues, (Li, *et al.*, 2021, Nasreen 2022). Social support reverberates social well-being, health, and quality of life (Hanson & Carpenter, 1994; Choi & Wodarski, 1996). Nevertheless, the family is the source of fundamental support for the elderly, but other sources of support are also rising such as friends, teachers, doctors, attorneys, or advisers. Kaulagekar, (2007) identified neighborhood as a major source of social support among lower-income groups for the elder population that provides moral, financial, and medical support during the time of crisis though, the pandemic had left these support mechanisms disturbed. Extra responsibility was placed on caregivers such as managing the homeschooling of children, finances, changing lifestyles, and adopting a new hygienic way of living, making caregiving a burden.

Research Questions : From the literature review it is evident that many challenges were created during the pandemic for the elderly and their caregivers. However, a few questions have remained unanswered like The elderly of which social class and gender have faced problems? What kind of social support had been available during the pandemic? and what has been the impact of the pandemic on the support system? With these questions specifically, the following had been the

Objectives:

1. To understand the socio-demographic profile of the elderly
2. To explore the social support mechanisms of the elderly and the type of support received by them
3. To examine the effect of the pandemic on the support system
4. To suggest social work intervention

Methodology

Sample

All the elderly persons, ages varying from 60 years and above, and who suffered from Covid-19, as well as the caregivers in South Delhi, constituted the universe within the NCT of Delhi. Specifically, Sukhdev Vihar, a residential area near the Jamia Nagar region in South East, of New Delhi was considered as a location. A total of 30 elderly (15 Males and 15 Females) representing the upper Middle-Income Group(having income between Rs. 2 lakh and Rs. 10 lakh per annum), and 10 of their caregivers, were selected by purposive sampling method. The respondents were living in urban parts of Delhi for 5 years with the family or independently with some primary caregiver.

Tools of Data Collection: Data was collected through an interview schedule with the elderly while an interview guide was used with the caregivers. The interview Schedule comprised questions related to demographic profile, social support available and received by the elderly during the pandemic, and ways and means to improvise the support mechanism for the elderly population. For the caregivers, an interview guide was used that touched upon information about demographics, types of support provided, challenges experienced as caregivers, and management of the responsibility as a caregiver. The data was collected with the help of the Residential Welfare Association (RWA) and through the self-prepared list of houses in the selected neighbourhood. The purpose of the study was explained to the participating elderly and their caregivers, their consent was solicited, and confidentiality was assured for the data shared by them.

Data analysis : The content analysis of the collected data was done with the incorporation of narratives captured and the information. The data was examined and interpreted, identified, and categorized into major themes namely: socio-demographic profile of the elderly and that of caregivers, pandemic and social support, and suggestions for betterment of the support mechanisms. The data collected from the elderly was appropriately substantiated by that of the caregivers and the available literature.

Findings

A. Socio-Demographic Profile: Elderly

There were an equal number of older people i.e., 15 Males and 15 Females. The Mean age was 66.7 years and the Mean Deviation was 4.7 years. The mode was 66.6 years, the majority of them belong to the young-old age category of 60-70 years, and only 3 of them were above the age of 75 years. Five respondents were widows/widowers while the rest of them were living with their spouses. Two-thirds of the respondents were living in a joint family and the remaining were in a nuclear family structure. More than half of the respondents were Delhiites and other respondents settled in Delhi from Uttar Pradesh, Kolkata, Bihar, Haryana, and Himachal Pradesh. Table 1 presents a glimpse of the demographic of the respondents.

Table 1
Demographic Profile

<i>Education</i>	<i>Frequency</i>	<i>Sources of Primary Care</i>	<i>Frequency</i>	<i>Staying With</i>	<i>Frequency</i>	<i>No. of Children</i>	<i>Frequency</i>
Secondary	2	Spouse	10	Spouse	10	0	2
Senior Secondary	9	Children	13	Family	7	1	6
Graduation	13	Care Attendant	4	Children	11	2	11
Post- Graduation	6	Self	3	Care Attendant	2	3	7
						4	4
Total	30	Total	30	Total	30	Total	30

Occupation

The selected respondents represented numerous categories of occupation such as having the business of LPG Transport, running a Banquet Hall, owning a shop, service in different private and public sector undertakings representing Banking, finance, insurance, and others etc. Some of them were professionals like doctors, accountants,

and teachers. Most of the female elderly were homemakers barring a few who were also professionals while the men happened to have well-settled careers and professions. The respondents had other sources to supplement their income like rent from a house and clinic, pension, support from their son, pension of husband, and return on investment. Financial independence provided an opportunity for 50 per cent of the respondents to afford things for themselves.

B. Demographic Profile: The caregiver

Caregivers or primary caregivers are those who provide most or immediate care to the elderly in case of need. All the selected caregivers were the primary caregivers and lived with the respondents. Telephonic interviews were conducted with most of the caregivers as they were busy with their work during office time and owing to the rising concern of the Omicron as well. There were 5 male and 5 female caregivers. The mean age is 32.2 years while they belong to the age group of 22 years to 40 years. Half of the caregivers had education upto post-graduation and 3 were graduates while the rest of the caregivers had basic education till secondary and primary levels. Most of the caregivers were their children viz daughters-in-law and sons while the rest of them hired paid care providers.

Occupation

Except for paid attendants' caregivers were home managers and were engaged in Business, working as Teachers, and Counsellors. The annual income varied from five lacs to eight lacs annually. The demographic profile showed that the primary responsibility rested on the daughter-in-law or care attendants while some males were taking care of their parents.

Elderly's Daily Routine

The daily routine of the elderly included taking regular medicine, watching spiritual, entertainment, and other programs on TV or YouTube (23.4%) while others spent time reading newspapers or novels, visiting parks for morning walks and doing some yoga, playing cards, and meeting with friends. Some of the respondents were having their businesses so they also spent time managing their shops.

Some of the elderly kept themselves engaged by helping people to avail welfare benefits of different schemes of the government like E-Shram, Aadhaar, Labour Card, Vaccination, etc. *“My aim in life is to help others so helping the needy is my daily routine”* said one of the respondents. Collecting stamps, praying, doing home chores such as kitchen work, keeping home clean, knitting and stitching, reading books, and taking care of the children at home are some of the favourite leisure time activities of the studied sample. Children in the capacity of caregivers shared that they usually spend some quality time with the elderly, have conversations with them, and take them for an outing to keep a check on their emotional needs.

Spend most of the time with

Social interactions help to burst tension and also help in spending time. Two categories of elderly were observed: those who were very sociable and play an active role in social affairs. They spent most of the time interacting or playing games with their friends and family members which included their sons, daughters, children, grandchildren, and in-laws. One of the respondents mentioned that he spent most of his time with friends in the park as he loves to interact and socialize. The other category was those who want to live a reserved life with minimum interference from others. These respondents reported that they spend time with their attendants and spouse as they do not have anyone to talk with.

Pandemic and Social Support

The following were identified as various sources of social support available and the kind of support provided.

Family: More than half of the respondents (16 out of 30 respondents) stated that they did not face any care-related problems from their family members. Many of them got infected with Covid -19 and faced difficulty in getting treatment and hospitalization but it was arranged by their children. Their vaccination was worked out though it was an expensive and difficult task during that time as it was also not easily available in government facilities. The basic essential supplies

were arranged at home by their children and remained connected with others through WhatsApp and Facebook. One of the respondents said, *"I enjoyed that time as we used to try new dishes on daily basis and happily eat together. Since everyone was at home so we enjoyed ourselves a lot which was not possible during the common days"*.

Depending on the nature of the issue or matter of concern, they discussed it with their spouse, children, and friends. One of the respondents mentioned that *"During the first lockdown, I faced the problem of loneliness as many of my tenants went to their home, after 5 in the evening no one was expected to come out. At that time, I felt a sense of emptiness. It was mental stress not only for me but I believe for everyone"*. Another elderly reported that he lost his only son who was just 35 years old, which was a major trauma for him during the pandemic. The grief was also experienced for the loss of other members like *"I lost my brother during the pandemic and because of lockdown I could not attend the last rites"*. All the respondents find much relief from grief, anxiety, sadness, or boredom through emotional regulation, and catharsis, by discussing the problems with their spouse, family, caregivers, or friends. The other topics of discussion pertained to family issues, business matters, current issues including inflation, politics, pandemic situation, pollution, education of grandchildren, health, and wellbeing. It was helpful for the elderly to cope with their concerns.

Those who were living independently with caregivers had experienced some distress as they had to manage their affairs and work on their own which can be substantiated by this verbatim: *"I am having knee pain for a very long time but no one to share"*. Women particularly avoided discussing emotional matters with children speculating that it would panic them. An elderly female reported that *"My daughter is a doctor so during the pandemic she was engaged more with patients and could not find time to communicate with me"*.

On the whole, more than two-thirds of the respondents reported that there was no change in the behaviour of their children and they were cared for and supported by them. While rest of the respondents observed changes but more in a positive manner as their children became more cautious about their health and well-being. Children in the capacity of caregivers shared that they usually spend some quality time with the elderly, have conversations with them, and take them for an outing to keep a check on their emotional needs. The lockdown was burdening as the caregivers managed triple tasks: attending to the homeschooling of their kids, responding to the parents, and managing their work front. The motivation to not lose any of their loved ones provided them energy to remain vigilant toward their parents.

Friends: Around ninety percent of the respondents had friends and some of them considered their friends as lifetime support whereas some cited them as casual things and maintained terms for social reasons only. Few of the respondents had no friends at all due to their reserved and introvert nature. For those who were highly social, friendship happened to be the support system as one of the participants said *“We used to support each other, financially and emotionally during the pandemic and I provided Oxygen cylinders and ensured essential things in their house. Besides, a group of our friends also distributed food through Arya Samaj Mandir during the lockdown for the needy people”*.

Due to social distancing the frequency of meeting with their friends was reduced but remained connected through voice calls, video calls, and WhatsApp, and frequently checked each other's state of health. The majority of the respondents used to share news, information on preventive measures for Covid, familial issues, entertainment events, etc.

Two-thirds (20 out of 30) of the respondents did not find any change in the behaviour of their friends after the pandemic while the rest of them reported observing some changes like reduced interactions, meetings, becoming agitated and angry over trivial things, cribbing on not being able to do anything and sitting at home instead.

One of the respondents added, *"Friends have started refraining from meeting others, due to the fear of contacting Covid"*.

Neighbours : More than 80 per cent of the respondents had good terms with their neighbours but were not connected during the pandemic. Only around 20 per cent of the elderly got some mental support from neighbours when they were Covid positive or in case of the demise of some family member. To cite one of the females said *"They (Neighbours) consoled me at the time of my husband's death during the pandemic and it was enough for me"*. As many as 90 per cent of the respondents had observed no change in the behaviour of neighbours during or after the pandemic on the contrary, those who were less sociable hardly met the neighbours and were content with life while another said *"They(neighbours) are more respectful and closer to me after the pandemic as my son died because of Covid"*. So, the neighbourhood happened to be a good support system that provides mental and physical help.

Spirituality : Faith is one of the associative factors for social support of the elderly and, as per the findings, only 10 per cent of respondents did not pray at all while 90 per cent of them regularly offered prayers. Faith in God provided them some sort of psychological relief to deal with the pandemic-induced precarity as one of the female respondents said *"I was alone at home during the lockdown as my daughter was outstation and maid was not coming, so with the grace of God I managed the things well"*.

Government : The majority of the participants reported that support from the government and administration was provided in terms of regular information about Covid and proper guidelines related to the management and prevention of the disease. One of the respondents said, *"I, being a part of a middle-class family did not receive anything from the government and I don't need even, but might be people from the lower-income group must have gotten something"*. Many of the elderly persons were members of associations like clubs or neighbourhood groups, RWA, Delhi Cricket Association, Bengali Community, etc.

Thus, whether male or female informal social support was received from family members. Further, the sources of social support available to male respondents are family, friends, neighbours, while for the female respondents, family was the only social support and, in some cases, this support was confined to the husband only.

Changes in Personal Life : Around sixteen percent of the participants reported that their personal life had been impacted as they have started maintaining distance from people, using masks, and following all the precautionary measures. They reported that it changed their attitude toward life, and interest in socialization activities has become lesser, started feeling more apprehensive, panicked, and feel isolated. According to the study, half of the elderly did not face problems in terms of food, health care facility, finance, home, connectivity, etc. as they had enough financial resources, and social networks, and appropriately used the technology. Pandemic created psychological distress like anxiety, stress, insomnia, disengagement, grief, and bereavement issues. To abide by the social distancing guidelines, they had to disconnect from others for the fear of contracting the disease. As many as one-third of the respondents stopped participating in social gatherings like marriage, parties, meetings, and other forms of gatherings. Caregivers also reported, that because of this Covid they have become weak, apprehensive, anxious, and get irritated quickly. The increased burden of home management, and not letting the elderly anxious due to news of frequent covid related deaths were some of the challenges experienced by them as caregivers.

Improving the support mechanism: Respondent's view

Different suggestions cum views of the senior citizens to improve the support mechanism for the elderly are summarised below:

Health

1. There should be a good medical facility for regular health check-ups. Getting medical treatment is a tedious task in hospitals like Apollo and Escorts to whom the government

has sanctioned the land on a subsidized basis, there is a quota of 5 to 10 percent for marginalized sections to get the surgical treatment done at no or minimal cost but the public lacks awareness.

2. Everyone should keep themselves protected by adhering to safety measures and avoiding mass gatherings like parties, rallies, and other events.

Engagement and Recreation

3. There must be separate places for the engagement and recreational activities of the elderly.
4. A scheme for the senior citizen to visit different places of India free of cost either historical or religious should be launched. Pilgrimage should not be confined to any religious group, it should be open to all. Inter-religious dialogue should be promoted through such travel schemes.

Family Support

5. Family members of the senior citizen should take care of them. If children provide support, then there are no issues but alternative support mechanisms need to be developed for others.
6. The young and the elderly should meet each other to encourage intergenerational bonding.

Welfare and Support Measures

7. Awareness should be raised on social media platforms about different ways by which the senior citizen could be helped in their basic work like filling up forms or doing online work such as online shopping, transaction, and other technical things.
8. Baseline data on the needs and concerns of the elderly should be compiled by the social welfare department of state and central government that could later be categorized according to gender, class, region, religion, and other forms of diversity which could then be used for developing specific interventions.

Discussion and Analysis

Das, *et al.*, (2021), Martin, *et al.*, (2021), and Banerjee (2020) mentioned that Covid -19 pandemic led to lockdowns in India that impacted positively or negatively the support system of the elderly. The findings of the present study in this regard are heartening in the sense that more than 3/4th of the sampled elderly navigated difficult times with ease. Several reasons can be attributed to the positive outcomes. The representative sample was in the category of educated young elderly and the age allowed them to stay active and engaged physically, mentally, and financially.

Worries about meeting basic needs were not a concern owing to the upper middle class but, in the hierarchy, faced higher-order problems that were psycho-emotional. The loss of a child or siblings caused emotional shock which was accentuated by death, being stuck at far-off locations due to lockdown was worrisome for them (Banerjee 2020; Martin, *et al.*, 2021). Family members as caregivers rendered much-needed support during this difficult time by lending emotional support for coping with anxiety, stress, insomnia, disengagement, and bereavement (Das, *et al.*, 2021, Banerjee, 2020, Walarine, 2020). This aside, companionship, and basic, social, financial, and health care needs were attended to without irritation by the family members.

For the underprivileged embracing technology is a barrier but the studied elderly and their caregivers used WhatsApp, video calls, and voice messages, for connecting with their loved ones living abroad corroborating the findings of Banerjee, (2020); Sharma, (2021), Sinha, *et al.*, (2021). The reflection of the elderly themselves offering help to the needy people by arranging oxygen and other consumables testified that they were active socially. Without fail, it reiterates that social engagement maintains functionality in daily living, and with the connection of family, friends, neighbours, and relatives they can perform better (Rosso, *et al.*, 2013; Gardner, 2014; Nasreen 2022).

The dominant form of social support during the pandemic was informal and the elderly were able to manage physical and psychological homeostasis while formal support was neither used nor

was being availed. Thus, the family is the most important social support for the elderly which provided financial, emotional, and recreational support that goes along with the findings of earlier research, (Walarine, 2020, Nasreen, 2022).

From the life course perspective, it is evidenced that the elderly have been able to develop social networks of friends, neighbours who garnered them much-needed support during a public health crisis. More than formal support, informal support was received as they provided informational, instrumental, and emotional support (Kort-Butler, 2018) to manage the insecurity inflicted by the pandemic and overcome losses and grief. The elderly population is usually considered to be vulnerable but all the sampled elderly received optimum social support hence, they happened to be contented, healthy and hearty even after experiencing covid 19 and subsequent lockdowns.

Implications for Practice, Policy, and further research

People around an aged person comprise their support mechanism and the support rendered by the members of the family, friends, and those in the neighbourhood can facilitate the development of a positive self-image and better quality of life. Therefore, the findings can be used for fostering intergenerational bonding. The age-friendly policies and programs can be created to address social support as a means to happy ageing. The present research can be replicated with elderly belonging to different strata to have an understanding of the kind of support required.

Conclusion

Social support is intangible and there is no replacement for family for a person. In the case of Covid-19 and resultant insecurities, the way the elderly were provided care for managing physical, financial, psychological, and other concerns by their immediate family members reaffirms erstwhile research that though nuclear families are on the rise and socio-cultural values have gravitated but the penchant for the older persons is still there. Consequently, even after experiencing the Covid -19 like scenario, the elderly had been able to maintain a social life and family has been an important determinant for the current state of happiness among the studied sampled group of elderly.

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Is Ageism a Silent Evil: Appraising the Youth Perspectives toward Elderly

Manisha Dhami, Neha Joshi, and Seema Sharma

Department of Human Development & Family Studies,

Faculty of Family and Community Sciences,

The Maharaja Sayajirao University of Baroda ,Vadodara - 390002

ABSTRACT

The current research aimed to explore the attitude of randomly selected 220 youths of Uttarakhand(110 males and 110 females),having different socio-demographic backgrounds, towards the old. This quantitative study employed a cross-sectional questionnaire. A self-structured socio-demographic questionnaire and Farboni Scale of Ageism (FSA) developed by Fraboni, et al., (1990) were employed to measure ageism. The result revealed that the majority of youth respondents had high ageism. A significant gender difference in mean scores of ageism levels was reported with higher ageist attitudes among females. Further ageism was found to be significantly higher among respondents having no exposure to living with the elderly or having financially dependent elderly as compared to their counterparts. The study validates the results of other studies that report higher ageism among the young population globally. A programme focusing on youth education regarding

ageing and related changes need to be developed by stakeholders to promote and sustain a positive ageist attitude towards the elderly population.

Keywords: Ageism, Youth, Elderly, Gender, Living with Elderly, Financially Dependent

The increasing ageing of society, caused by intense demographic transformation, brings with it the inevitability of facing the subject of prejudices against the elderly. *Ageism* is a prejudiced attitude and stereotype that includes not only beliefs about the aged group but also the maligned feelings and dispositions directed towards that group and its members. Stereotypes about a particular group had a significant function in determining and molding how a person thinks about and interacts with other groups of persons, as well as how persons within the stereotyped group recognize themselves (Horton, *et al.*, 2007). Elderly people are undergoing ageism in daily life. Ageism is everywhere, yet it is the most socially “normalized” of all prejudices and is not extensively countered – like racism or sexism. It is a widespread and insidious practice that has harmful effects on the health of older adults. Ageist attitudes are perpetuated in many ways, for example, in the lack of positive images of elderly in advertisement and also in TV programmes, and in the widespread use of demeaning language about old age as can be noticed nowadays (McDonald, and Sharma). When people go for shopping elderly outfits, they generally ask to show outfits for elderly people and the shopkeeper turns white, grey, or brown as if these tint of colors are designated to them. Bright colors, often are a sign of happiness and excitement, are somehow eradicated from their life. The media portrays a negative image of the elderly as frail and dependent in advertisements and on TV programmes (Loos & Evan, 2018). The attitude of society towards the elderly is deeply predisposed by a few characteristics that include the past experiences, cultural beliefs, values, and educational background of the individual (Akdemir, *et al.*, 2007). There are also existing traditions that are abusive

towards older people which even include the practice to kill the elderly. Tamil Nadu has documented one such practice called “*Thalaikoothal*” (Priyamvadha, 2019) *Thalaikoothal* is the traditional practice of senicide (killing of the elderly) or involuntary euthanasia, by their family members.

The experiences carried by the elderly and their families have a key impact on developing society’s perceptions of the aged which result in transformation in behaviours and attitudes toward the elderly (Cilingiroglu and Demirel, 2004; Akdemir, *et al.*, 2007). Various studies on ageism have identified youth as the main perpetrators of ageist stereotypes (Kalavar, 2001; Gellis, *et al.*, 2003; Kimuna, *et al.*, 2005; Yilmaz, *et al.*, 2012; Usta, *et al.*, 2012; North & Fiske, 2013). Every second person in the world is believed to hold ageist attitudes which leads to worse physical and psychological well-being and abridged life quality for the elderly (WHO, 2021). Attitudes of individuals are shaped by their past experiences, and personal and environmental factors (Inceoglu, 2010). The ageist attitude among the young population originates because of a lack of knowledge, awareness, and limited interaction with the elderly (Grefe, 2011). Discrimination by youth includes certain behavior such as abstaining from communication with the elderly, resisting trying to understand or spending time with them, and social exclusion from family grouping. Both the positive and negative attitude toward ageing affects the physiological, psycho-social, and spiritual experiences of the elderly (Bousfield, and Hutchison, 2010).

However, it is crucial to resolve prejudices regarding the elderly. These prejudices can inhibit the old aged from liberally connecting in work or recreational activities and they can add to the social seclusion of the oldest generations, restricting their capability and experience to make an affirmative contribution to the collective whole, and promoting the fear of aging in all individuals. There is an essential need to combat ageism by identifying personal attitudes which are ageist. Unfortunately, no studies were conducted in Uttarakhand to assess the ageing across different levels among youth towards the elderly. Accordingly, the

present study aimed to assess the perception of ageism among the youth of Uttarakhand.

Method

Sample

A cross-sectional descriptive research design was used to assess the perception of youth toward ageism. The study was conducted among 220 youths (110 males and 110 females) of Uttarakhand selected through the purposive snowball sampling technique. An online structured questionnaire was developed by using google forms along with a consent form attached to it. Then the questionnaire link was forwarded through e-mails and WhatsApp to the investigators' contacts. The participants were also encouraged to roll out the survey form to as many people as possible. Participants with access to the internet could participate in the study. The inclusive criteria of sample selection were participants with age between 18-25 years, able to understand English, and willing to give informed consent.

Tools for data collection

The following two tools were used in this study :

Socio-Demographic Questionnaire

A self-structured tool was prepared to procure socio-demographic data such as age, gender, living with elderly, and financially dependent elderly.

Farboni Scale of Ageism (FSA)

To assess the perception of youth toward ageism, the Farboni Scale of Ageism (FSA) developed by Fraboni, *et al.*, 1990 was used. FSA consists of 29 statements arranged in a 5- point Likert format ranging from 1 (strongly disagree) to 5 (strongly agree) designed to assess both cognitive and affective components of ageism. Item numbers 8, 12, 14, and 21–24 are positive statements, and scores are reversed when calculating the total scale score. The total score ranges from 29 to 145, the higher scores, the greater the level of measured ageism. The Cronbach's α coefficient of the FSA is 0.86 (Fraboni, *et al.*, 1990). The FSA items were designed to measure

three levels of prejudices from Allport's (1958) five levels related to prejudices: antilocution (resentment and dislike which are powered through fallacies, distortion, or myths of older persons), avoidance (the act of intentionally evading forms of social contact with older persons), and discrimination (discriminatory feelings regarding the political rights, segregation, and activities of older persons). The scale has 10 items of Antilocution, 9 items of Discrimination and 10 items of Avoidance.

Analysis of Data

The data obtained were analysed using descriptive and inferential statistics with the aid of SPSS 16. Descriptive analysis (frequency and percentage) of scores was done to find out the distribution of youth across different levels of ageism. An independent sample t-test was carried out to determine the difference in ageism scores of youths based on gender and exposure to living with the elderly, and financial dependency on the elderly.

Results and Discussion

Table 1

Overall per cent distribution of youth respondents across different levels of ageism

Ageism	Overall (n= 220)	
	f	%
Antilocution		
Low	30	13.64
Average	75	34.09
High	115	52.27
Avoidance		
Low	46	20.91
Average	78	35.45
High	96	43.64
Discrimination		

Low	40	18.18
Average	81	36.82
High	99	45.00
Total Ageism		
Low	16	7.27
Average	88	40.00
High	116	52.73

The data presented in Table 1 elucidates the overall percentage of youth respondents across different dimensions and levels of ageism. The overall sample of 220 respondents brings to light the fact that around half of the youth (52.27%) were found to have high scores in Fraboni Antilocution followed by 34.09 per cent of respondents with average scores. The least proportion of youth (13.64%) was found to have low scores in Fraboni Antilocution. Similar trends of proportion distribution were found across high, average, and low scores of Fraboni Avoidance, Fraboni Discrimination, and Fraboni Total Ageism.

Table 2

Significance of the difference (mean scores $\pm$ SD) in the Ageism Scores based on gender

<i>Ageism</i>	<i>Malen₁=110</i>		<i>Femalen₂=110</i>		<i>t-test</i>
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	
Antilocution	33.59	9.97	35.86	9.21	1.75***
Avoidance	32.25	8.94	33.76	10.20	1.16 ^{NS}
Discrimination	28.64	9.68	32.17	8.66	2.84*
Total Ageism	93.55	28.08	101.79	25.78	2.26**

*p<0.01 **p<0.05 ***p<0.10 NS- Non-significant

Table 2 represents inferential test results for gender differences in mean scores ($\pm$ S.D.) of the respondents across various dimensions of ageism. An independent sample t-test was done to determine the significance of the difference in ageism scores between the two groups (male and female respondents). A significant gender difference was found in almost all the dimensions and overall ageism except avoidance.

The mean scores of female in Fraboni antilocution ($t= 1.75, p<0.10$), Fraboni discrimination ($t= 2.84, p<0.01$), and Fraboni total ageism ($t= 2.26, p<0.05$), were found significantly higher than the mean scores of male respectively. Whereas, a non-significant difference was found among males and females in the mean scores of Fraboni avoidance dimension. This indicates that females tend to report more negative attitudes toward older adults than males. Intrieri and Dunterman (2019) also reported significant gender differences with males demonstrating higher scores on the FSA avoidance scale. According to Forboni, *et al.*, (1990) and Kalavar (2001) findings males displayed a more ageist attitude as compared to females.

Table 3

Significance of the difference (mean scores $\pm$ SD) in the Ageism Scores based on exposure to living with elderly

<i>Exposure to living with elderly</i>					
<i>Ageism</i>	<i>Yes_{n₁} = 90</i>		<i>Non₂ = 130</i>		<i>t-test</i>
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	
<i>Antilocution</i>	33.80	10.28	35.36	9.18	1.18 ^{NS}
<i>Avoidance</i>	31.62	10.04	33.96	9.27	1.78***
<i>Discrimination</i>	29.16	10.29	31.27	8.62	1.65***
<i>Overall Ageism</i>	94.57	28.28	100.59	24.99	1.65***

*** $p<0.10$

NS- Non-significant

Table 3 represents inferential test results for differences in mean scores ($\pm$ S.D.) of the respondents across various dimensions of ageism based on exposure to living with the elderly. An independent samples t-test was done to determine the significance of the difference in ageism scores. It was evident through the study results that the respondents with exposure to living with the elderly has significantly lower ageism scores on Fraboni Avoidance ($t= 1.78, p< 0.10$), Fraboni Discrimination ($t= 1.65, p< 0.10$), and Fraboni Total Ageism ($t= 1.65, p< 0.10$) as compared to those respondents having no exposure to live with elderly. While, a non-significant

difference exists in mean scores of Fraboni antilocution (t= 1.18, p=NS) across both group. The present findings were supported by Choolayil and Putran (2020) who stated that living with grandparents or intergenerational living can significantly influence the attitudes of youth towards the elderly. In a study Sharma (2002) found that in comparison to female subjects male subjects(having elderly members in the family) perceive elderly more stereotypically. The contact theory of Buttigieg, *et al.*, (2018) also supports this finding with the hypothesis that the more contact an individual (e.g., youth) has with an out-group (elderly), the better will be their attitude and behavior toward that out-group.

Table 4

Significance of the difference (mean scores ± SD) in the Ageism Scores based on the financial dependency of elderly

Ageism	Financial Dependency of the Elderly				t-test
	Yes n ₁ = 127		No n ₂ = 93		
	Mean	SD	Mean	SD	
Antilocution	35.49	9.14	33.67	10.29	1.38 ^{NS}
Avoidance	34.42	9.36	31.08	9.73	2.56**
Discrimination	31.50	9.10	28.90	9.58	2.05**
Total Ageism	101.40	25.51	93.65	27.85	2.14**

**p<0.05 NS- Non-significant

Table 4 represents the difference in mean scores (±S.D.) of the respondents across various dimensions of ageism based on having financially dependent elderly. Inferential tests results indicate that significant difference in mean scores of respondents across different factors of ageism exists based on financial dependency or independency of elderly i.e. Fraboni Avoidance (t = 2.56, p<0.05%) Fraboni discrimination (t = 2.05, p<0.05%) and Fraboni Total Ageism (t =2.14, p< 0.05%). Whereas, a non-significant difference was found only in the mean scores of Fraboni antilocution

of the respondents across both groups. In line with this finding, Mehta, *et al.*, (2016) stated that as part of stereotyping, financially dependent elderly are considered less energetic and valuable to the family. This stereotypical attitude of family leads to discrimination exacerbating to psychological issues among the elderly. Based on the FSA scores, the findings suggested that the majority of youth respondents had high ageism.

A review of the literature indicates young people are more susceptible to negative stereotypes against the elderly because of the inadequacy of awareness and limited psychological and educational resources (Levy, and Banaji 2002; Yilmaz, *et al.*, 2012). Numerous factors related to youth's socio-demographical profile such as gender, age, religion, family type, socio-economic status, educational qualification, living with the elderly, etc. also play a significant role in impacting their attitude toward the elderly (Prakash, *et al.*, 2019). Ageist attitude negatively creates significant barriers to nurturing career choices of youth in geriatrics (Cummings, *et al.*, 2005). Social exclusion hurts elderly people by limiting their access to vital emotional and physical resources and also results in numerous health issues (Cuddy, *et al.*, 2005).

Gender differences were found for antilocution, discrimination, and total ageism. The inferential test result indicates a significant gender difference in mean scores of ageism levels with a higher ageist attitude among females. The reason for women's more ageist attitudes may be the impact of globalization and the rising youth-oriented consumerist culture that overemphasizes hegemonic feminine beauty (Luo, *et al.*, 2013). In contrast to the present results, Bodner, *et al.*, (2012) and Rupp, *et al.*, (2005) reported lower levels of ageism among women than men. Gender socialization in the early years plays an important role in the formation of ageist attitudes in later life. Akyer (2017) also reported higher ageism in females than males. It might be since, in the Indian context, females play the role of caregiver in a majority of the families which might have an impact on their ageist attitude towards the elderly.

As per the study findings, a significant difference exists in the ageist attitude of youth based on exposure to living with the elderly. High ageism was reported among youth living with an elder as compared to their counterpart, similar results were found in the previous studies conducted in a different country (Khan, 2011; Serem, 2011; Bastola and Shrestha, 2015; Goriup, and Lahe, 2018). This could be due to the health status of the elderly and grandparents-grandchildren relationship. The physical health of the elderly also acts as a determinant factor for an ageist attitude of youth. Young ones living with grandparents in poor health were more likely to hold ageism than youth with grandparents in sound health (Flamion, *et al.*, 2017). Quality of intergenerational contacts is an important factor having the potential to impact the attitude of young ones toward ageism. Exposure to life or interactions with the elderly can facilitate in promotion of more acceptance and constructive attitudes toward older adults (Allan, and Johnson, 2008). In the line with this, various studies indicated that there is a positive association between close contact and interaction with the elderly with favourable transformation in the attitude of young people toward ageing (Bales, *et al.*, 2000; Stewart, *et al.*, 2005; Lee, 2007).

The study reported significantly more ageism and related factors among individuals having financially dependent elderly. In the support of this result, Khangembam (2019) stated that the economic status of elderly people has a heavy influence on their social life, and thus, financial conditions become important to preserve their social status to continue living a dignified life. The economic insecurity among the elderly resulted in housing crises, diminished savings, as well as negative health outcomes resulting in discrimination towards an individual by the family or community. Only a minority of the global population accumulates enough savings and other assets to provide for their economic security in old age (Jolly, 2014).

Examination of existing literature found that improved educational quality and adequate awareness regarding ageing and ageism through education curriculum among youth could contribute to promoting sensitization toward the aged (Sum, *et al.* 2016) and some form of an

effective intervention program for youth helps in developing a positive attitude towards elderly (Choolayil & Putran, 2020).

Conclusion

Ageism is fueled by stereotypes and negative attitudes about elderly people, which can lead to individual-level prejudice and discrimination. It is widespread around the world which is harming the silver population and whirling it into the grey population. The attitude of the young population toward the elderly of society affects the psycho-social health of the latter. The study shows a high prevalence of ageism among youth with significant gender differences. The current study was able to identify the difference in the ageist attitude of youth based on a certain demographic variable. Ageism was found to be more common among individuals having no exposure to living with the elderly or having financially dependent elderly. The elderly hold colossal experiences in their personal and professional life, and society at large needs to channel those experiences for a healthier tomorrow. Development of educational and media interventions that enhance empathy and dispel misconceptions, specifically targeting youths of the nation might help in highlighting the realities of ageism and would be helpful to combat it. The stakeholders of gerontology need to focus on the development and promotion of several nationwide initiatives and programs aiming to raise awareness among the young population regarding the physical and psycho-emotional change during the ageing period leading to a better embracing and accepting intergenerational society. The aged population of the society is a valuable asset for the nation with their enriched knowledge, experience, wisdom, and skills, and therefore, the negative attitude toward them needs to be changed and they should be respected and treated equally like other citizens and family members by the youth.

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Leisure Meanings and Practices of Elderly Implications for Well Being

Mili Sanghavi and Jigisha Gala

Department of Human Development and Family Studies,
Maharaja Sayajirao University, Vadodara, (Gujarat)

ABSTRACT

This qualitative study aimed to identify the meaning and importance of leisure and to understand the linkages between the conceptualization of leisure and subjective well-being. 60 purposely selected elderly participants (60 years and above) divided equally across gender and socioeconomic status (SES; lower and upper) were interviewed in depth individually. According to these participants, leisure is time spent with family and friends. The participants (upper SES) expressed leisure as time spent on their internal growth while some participants (lower SES) did not identify it as a separate period of the day. Women (across SES) used their role responsibilities and daily chores as opportunities for relaxation, fulfillment, and leisure. Overall, the concept of leisure was linked to carrying out their role responsibilities and finding fulfillment in everyday living. Taking care of family members came naturally, and with acceptance, most participants were satisfied in their life. The discussion revolved around gendered responses on citing cooking and caretaking as leisure activities and

the role of acceptance in enhanced life satisfaction among individuals from low-resource contexts and fewer leisure options.

Keywords: Elderly, Older adults, Leisure, Socioeconomic class, Satisfaction

Leisure can be understood as a way of communicating with the environment (Adesoye, and Ajibua, 2015), dedicating time to an activity that promotes internal growth, or just spending time idly (Wise, 2014). It gives one, a sense of freedom and control, and they are positively influenced to perform the activity (Janke, *et al.*, 2011). Kang and Park (2017) noted that older people participated in leisure activities more frequently. Such ongoing involvement in life results in life satisfaction (Rowe, and Kahn, 1997). Contrarily, leisure satisfaction is described as the views or sentiments that a person develops, evokes, or acquires as a result of partaking in leisure activities and making certain decisions (Beard, and Ragheb, 2018).

Allison and Geiger (1993) found that men participated in leisure activities like reading and exercise, while women participated in cooking and sewing activities. It showed how different genders gained satisfaction from doing different kinds of activities. On one hand, where studies have shown that leisure activities might prove decisive for personal growth, on other hand, an absence of leisure activities can also lead to deviant behaviours (Willits & Willits, 1986). Life satisfaction in the elderly indicates an evaluation of their own life. This life evaluation is based on the priorities and goals that they have for themselves. It also impacts the way they adjust to the changing times. Leisure satisfaction directly correlates with life satisfaction; this holds especially true for the elderly (Beard, and Ragheb, 2018).

Objectives of the Study

The study's primary purpose was to identify the conceptualization of the meaning of leisure among the elderly in different socioeconomic classes across gender and to analyze their subjective understanding of involvement in leisure activities in their context. The study also aimed

to understand the link between leisure activity and its impact on satisfaction and well-being.

Method

Sample

60 elderly persons (30 males and 30 females) aged varying 60 years and above, having high and low socioeconomic statuses (equal in numbers), belonging to Vadodara city (Gujarat) were selected by the purposeful snowballing method.

Research Design and Tools Used

Qualitative in-depth interviews were employed in the study as a method of data collection. The following tools were used to collect the data:

Questionnaire to collect demographic information

The tool intended to collect the participants' demographic details like name, age, sex, marital status, number of children, and religion. As socioeconomic status was a variable.

Kuppuswamy's Socio-economic Status Scale (Saleem, 2019) was used to assess the status of participants on the bases of their education, occupation of the head of the family, and family's income.

Interview Schedule

The Interview Schedule included questions from domains like everyday life, an idea about leisure, influence, and usage of media, and ideas about satisfaction. Questions therein ranging from "*What is your routine*" to questions related to conceptualizations like "*What do you understand by leisure*" and "*What is satisfaction for you.*". For better communication, the questionnaire was translated into regional languages.

The participants were briefed about the study, informed consent was taken from all the participants and they were assured that their responses will be kept confidential and will be used only for research purposes.

Data collection and analysis

Each participant was interviewed individually and the interviews were tape-recorded. For the analysis process, the data was cleaned and translated into the English language. The qualitative data was

organized, and an initial set of codes were assigned. Through inductive coding, the list of codes was made and later merged into themes.

Results and Discussion

The primary purpose of the study was to understand and contextualize the meaning of leisure across gender and socioeconomic classes. Is leisure the time spent with family and friends and moments of relaxation between every chore and performing role responsibilities joyfully? In the definitions given by respondents, some elements impacted the participants' definitions of leisure. These and other related issues have been discussed in the following sections.

1. Factors affecting the understanding of leisure

i. Leisure means spending time with Family members

30 per cent of respondents belonging to the lower socioeconomic class reported that spending time with the family provides them with a sense of happiness and satisfaction. Forty percent of the participants highlighted the family meeting idea, where they can communicate with each other. It plays a crucial role in maintaining family dynamics and discussing grudges together. For example, two respondents (male and female) expressed these views: Male respondent- *"In Swaminarayan, you must organize a small meeting (sabha) in the family every day, it helps in keeping family's environment positive and if there are some conflicts it gets resolves"*.

It also shows that because family is a priority for the participant, the peace in the family relations impacts the peace within oneself and influences the well-being of the participant. One of the older women explained that her son's family visits her during their holidays, which gives her immense pleasure and satisfaction— *"When my son visits us is his holidays and we all are together in the family, it makes me feel fresh and pleasant. There is a difference between when you live alone and when you are with your family. If there is peace in the family it is life satisfaction"*.

Importance of Maintaining Family Relations

Spending leisure time with friends and family was also highly reported among the upper socioeconomic participants. Some

participants were widowed and lived alone. So, meeting friends was an essential aspect of spending their free time. For instance, one woman, who lost her spouse, voluntarily organized a monthly gathering with her friends. She considered this as her way of *Seva* (serving) the community. Such an ideology reflects the concept of *dharma* (duty) as she is helping others feel happy and move away from loneliness along with her not feeling lonely. The idea of *Vasudeva kutumbakam* (the world is a small family) is also reflected where one needs to take care of everyone as a part of their universal family. Such cultural concepts became an essential part of her worldview and guided her actions.

Given that family is central to well-being, the family type can also influence leisure activities as the people living in nuclear families or widowed people spent more time with their friends, making them a part of their extended family. This was seen more in the upper socioeconomic class, as there were more nuclear families. In the lower socioeconomic class, 20 per cent of the participants expressed disappointment from their families as there was less physical, emotional, and financial support. Such disappointment had caused detachment along with two observable attitudes. One, where the needs of the elderly had not been recognized and responded to, so they stop expecting from their family and start spending more time in spirituality. The other attitude where detachment results from the feelings of being used by the family members. This detachment is more a result of disillusionment rather than wisdom. In contrast, in the upper socioeconomic class, women wanted to spend more time in spirituality because they did not feel the need to socialize anymore. It fulfills her goal of moving towards self-realization.

ii. Leisure for the elderly—fulfilling family responsibilities

Responsibilities tend to influence leisure time, more the responsibilities less time for involvement in leisure activity. In the study, it was found that elderly women in lower socioeconomic class highlighted no significant decline in their day-to-day responsibilities as the chores remain the same even in old age. However, elderly men

informed that their responsibilities increased. They participated in the household chores and had the additional responsibility of taking care of the grandchildren. This is because the daughter-in-law was employed, due to which there is more burden on the mother-in-law. Elderly women are mostly responsible for these tasks; however, elderly men also contributed by helping their wives. In the lower socioeconomic class, approximately 46 percent reported that these tasks keep them busy and have an active life, and 30 percent reported that they felt pressure in accomplishing such duties. Such mental pressure can hamper the well-being of the individual. The elderly man expressed how his son wanted him to wash clothes and his mother to clean the house so that the daughter-in-law can cook and work efficiently in the office,

In the voice of an elderly man, *"We are supposed to work as nannies. We are asked to take kids out in the garden. As you can see here, only grandparents are with the kids. We are supposed and expected to do household chores. That is all we do."*

As expressed by an older woman, *"Now in my family, my son and his wife live with their 2 kids, and we are responsible for them. Both my son and his wife are earning hence me and my wife do the job of taking care of them from 11:30 to 5:00."*

Interestingly, in terms of responsibilities in the upper socioeconomic class majority of elderly women (60%) reported that there was a decrease in responsibility. Most of these elderly women were employed earlier, and once retired, they felt that their responsibilities had decreased. Another reason is the involvement of the daughter-in-law in the household chores; however, this applied only to the women who lived in a joint family, where the daughter-in-law was not employed. As for the elderly men (53.33%) they reported that there was no change in their responsibilities. They referred to their main responsibility as looking after the family, resolving their issues, and occasionally spending time with friends. Some of the participants in the upper socioeconomic class also defined leisure as a period when they have no responsibilities and when they can do whatever they want to do. One of the women equated leisure with mental peace,

“Leisure for me is mental peace. It is a period where I get my own space where I am not worried as to what I have to do next. I believe in spirituality; if you do meditation, then you would know that we become aware of our breath, of your self, your body gets in your control. I can feel all that. So, I spend my leisure time on this.”

The idea of leisure, which results in internal growth can also be equated to responsibility towards oneself. So, here the definition of responsibility is not limited to something that participants have to do but is expanded to something that they want to do willingly for their growth. So, the socioeconomic status difference can be highlighted where people in the lower socioeconomic status may not always have the resources, the choice, and the mental space to involve in leisure activities like playing some kind of sport or recruiting in any clubs. They have their way of involving themselves in activities that can become a buffer zone for them. Such activities are discussed in the next section.

Leisure activity across socioeconomic class

The participants also defined leisure as involvement in many activities like watching television, gardening, using mobile phones, listening to music, indulging in religious activities, and reading.

In the upper socioeconomic class, there were more elderly women than men who spent their leisure time reading and doing household chores. Even in the lower socioeconomic class, most elderly women reported that they cook and clean their houses regularly. They said that doing these chores gave them a sense of pride and satisfaction. It allowed them to keep themselves busy and active. There is a belief among elderly women that dependency in terms of household tasks should be avoided. The majority of the elderly men (11 respondents) reported that they helped their wives with household chores or taking care of grandchildren. The sets of activities that participants indulge in have similarities with what was seen in another research conducted by the Chinese-Americans (Allison and Geiger, 1993). Their daily schedule includes walking, reading, exercise, cooking, and many more. Since many of the women in the upper and lower socioeconomic class were homemakers, after 60, they faced no retirement period, and they

continued their routine of doing household activities. The only difference for the women in the upper socioeconomic class was the decreasing responsibility which helped them to invest more time in themselves. So there is a clear demarcation in terms of activities that participants of both genders engaged in. This also reflects the subtle impact of the socialization process where the majority of the women gain satisfaction by doing the household chores that are assigned to their gender and, roles that are promoted and appreciated by society.

Interestingly, more participants in the lower socioeconomic class mentioned taking part in religious activities like going to temples. Thirty-six per cent of the participants of the lower socioeconomic class reported that they performed *Pooja* or serving to the lord as part of their daily free-time activities. Additionally, they also preferred performing *kirtans* (Singing songs for gods or goddesses), and *kathas* (reading religious stories or scriptures) at regular intervals. Twenty per cent of the participants also reported that they occasionally go for *yatras* (visiting religious places) for *darshans* (Visiting temples of a favorite god or goddess) at intervals of 5 to 6 months. Participation in religious activities helps them move toward the ultimate goal of *moksha* as they move forward with self-realization. Religious activities in the Indian context play a vital role as it guides individuals in adverse situations to maintain peace and accept physical decline and sense of loss.

One of the upper socioeconomic class women mentioned that she started spending more time in religious activities rather than going out for socialization- "*I feel that I stay at home more and spend my life peacefully, spend more time with my dharma which would bring salvation for my soul. I am more interested in that*".

In this idea, there is a hint of what is prescribed in the *vānprastha* stage of *Āśrama dharma* theory that the elderly in this stage starts severing their worldly ties, not due to physical restraints but to move towards self-realization.

Changing Priorities in Later Life

The leisure activities that participants mentioned were similar to their routine activities. According to the data, the participants dedicated

time to activities like exercise, reading, friends, and family, watching TV, working, visiting the temple, spending time on mobile phones or laptops, doing household chores, gardening, and meditation. Many of these responses did not emerge in the participants' descriptions of leisure. Considering this, there is a possibility that at face value, many of the activities mentioned above might be something that an individual spends time on, but the participants in the study do not look at them similarly. Leisure is then not any separate period, but it infuses itself in daily activities. Most of the elderly men in the upper socioeconomic class were working, but as soon as they retire, they gradually shift their focus on the other things in their life, which interested them. Even after retirement, some of the participants continued to work on some of the projects. This can show that after 60, the boundaries between the idea of leisure and work slowly diffuses as working does not mean exhaustive and compulsive work but preferably something that helps an individual grow and keeps them busy.

Leisure in the study is also the lack of activity (*navrash* when translated into the local language Gujarati) which is seen negatively. Culturally, there are also proverbs (empty mind is a devil's workshop) which suggest that one should not be free and therefore in the study, some of the participants have also mentioned that leisure time means sitting idle and that it makes one lazy. It also invites negative thoughts. To avoid these thoughts, people prefer to remain active by doing some other activity. Interestingly, however, participants have not touched upon the eastern understanding of celebrating complete inactivity (of the head)

“Doing nothing, sitting silently, and the grass grows by itself”
-Basho.

When leisure is seen inversely to work, then they are not able to relax and enjoy their work, and they suffer leisure as they feel guilty about being unproductive. Spiritual grounding, understanding of the self, acceptance of the circumstances, and the inevitable in old age are the qualities that make it possible to enjoy both work and leisure and move towards satisfaction.

Satisfaction

Participants derive satisfaction from the expectations of their lives; this included fulfilling their roles and responsibility, achieving their goals, and solving family issues. Again, the family's importance was highlighted in the responses where participants identified themselves to be satisfied since their family was happy and well settled. In the lower socioeconomic class, 75 percent of participants reported their satisfaction with their family goals. Participants in the upper socioeconomic class also mentioned that they were able to spend more time for themselves, which makes them more satisfied. Earlier, due to familial roles and responsibilities, they could not make time for themselves, which is not the case after 60 years because many of their responsibilities have been accomplished by them. Another aspect that emerged in the responses to satisfaction was the idea of acceptance. This idea of acceptance can be understood in two ways, one where their wishes have been fulfilled and the other where they have no choice but to develop acceptance to maintain equilibrium in their life. In the words of two elderly participants:

Male participant : *"We live according to the wishes of Almighty. One day in the palace the other day in a hut."*

Female participant: *"Nature has created us in a way that we learn to be satisfied in every situation in our life."*

As seen in one of the verbatims, the elderly woman also takes on a bigger perspective and explains that one learns from life whatever is necessary. Somewhere this also reflects the wisdom that the participants have acquired over the years. Time (*samay*) according to the Hindu worldview also has an interesting role to play. So, something that they have not achieved in this birth could be achieved in another, and so there is no absolute hurry. This idea was only reported by 13 per cent of participants in the lower socioeconomic class. However, most of the elderly discussed how they have limited time (*samay*), and it changes the way they perceive money, relationships, and other aspects of life, which makes them wiser.

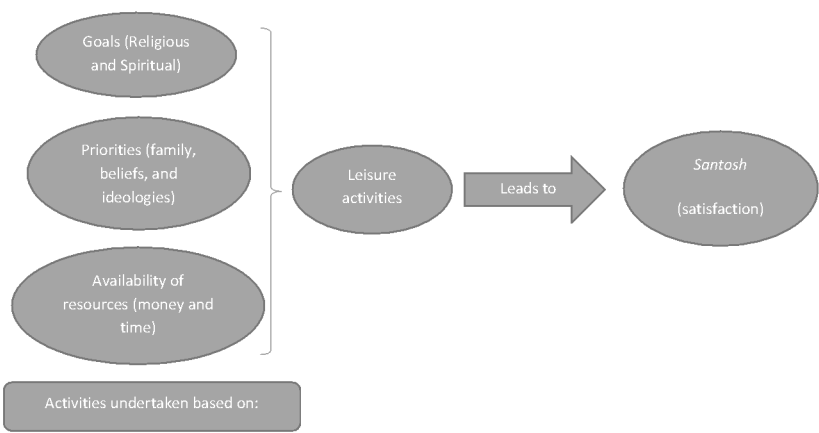
In the routine life of the participants, there is a mixture of what needs to be done and what they want to do, often these overlap with each other and the result is the satisfaction and well-being of the participants.

The participants’ ideas have been influenced by the values that have been imparted to them right from their socialization process. These values have guided the participants in organizing their priorities.

For instance, as seen, the family was one of the highest priorities for the participants, and so they derive their satisfaction from fulfilling their responsibilities towards their family. The values have also been central for an individual in deciding their goals. In terms of gender, women are expected to serve their families in a patriarchal society. They are expected to perform household tasks and the cultural attributes of being caring and loving help them navigate social relationships. It was also seen in the study how a woman is contented when expectations people have from her are met. Social appreciation and recognition, when linked to their life goals bring satisfaction. Leisure activities are also geared towards achieving these goals.

Along with goals and priorities, individuals have also undertaken activities based on the resources available to them. All of these have influenced the leisure activities in which an individual has participated, thus impacting their satisfaction as seen in Figure 6.

Figure 1 *Interconnection of Leisure and Satisfaction*



Socioeconomic class was one of the main variables of the study. The upper socioeconomic class participants had more opportunities to participate in the activities that they were interested in compared to the participants in the lower socioeconomic class as they had to devote their time to fulfilling their role in the family. This does not mean they did not have any leisure period. Activities like meeting with friends, teatime gossip, going to the temple together, and walking to and fro while running errands, which were a routine for them somewhere, fulfilled the outcomes of having a leisure period. Participation in such activities fulfills their goals of belonging to a particular community and it gives them a greater sense of accomplishment, which helps them achieve satisfaction in life. Such results were also seen in the study undertaken by Jeong & Park (2020) which showed the correlation between leisure activities and quality of life.

Conclusion

First, leisure is not considered a separate period, but leisure activities infuse themselves in the participants' daily routine, so they do not recognize them as activities done in leisure. This is also because of the socially negative idea of doing nothing. This is although the cultural context encourages a slow life of self-awareness and reflection and also offers alternative paths to people who do not want to be merely economically productive. Second, participation in leisure activities has helped the participants fulfill their goals and values, in turn, helping them achieve satisfaction. Satisfaction is a highly relative term, and the participants have conceptualized it based on their priorities. One of the values that also played a role in the satisfaction of participants was acceptance. Thus, the third point is that though the participants of upper socioeconomic status had more resources on their hands, the participants in the lower socioeconomic status were satisfied in their lives because of their values of acceptance and contentment.

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Anxiety about Ageing: A Comparative Study between Young and Middle Adults

Geetika Sachdeva, and Mahima Singh

Department of Human Development,
J.D. Birla Institute, Kolkata- 700020 (W.B.)

ABSTRACT

Anxiety about ageing refers to worries and anticipation of getting old. The study aimed to find out the levels and differences in anxiety about ageing in 209 young and middle adults, ages varying from 25 to 59 years of both sexes. The anxiety about Ageing Scale (AAS) by Lasher and Faulkender (1993) was used to measure anxiety in the subjects of this study. Microsoft Excel and SPSS software were used to calculate and compare the level of anxiety. The findings of this study revealed that young adults had a higher level of anxiety about ageing, females in the young adult age group had a higher level of anxiety, in case of middle adults and males had a higher level of anxiety about ageing and in total, females had a higher level of anxiety about ageing. In the case of subdomains, middle adults had a higher level of anxiety in the domain of Fear of Old People and Fear of Loss, young adults had a higher level of anxiety in the domain of Psychological Concerns and Physical Appearance. Overall, the study concluded that the help of awareness of the facts of ageing and how to deal with

the problems related to ageing can help to improve anxiety in people.

Keywords: Anxiety about ageing, Middle adults, Young adults

Ageing is a natural process; it is an intrinsic and inseparable part of existence. “Ageing” and “Old Age” are very subjective terms. Ageing is a lifetime process of growing up and growing old. It all starts with conception and ends with death. In this sense, all individuals are ageing from the moment they are born. Ageing isn’t just one process. It is really made up of at least three separate processes: primary, secondary, and tertiary ageing. Primary ageing is the natural, disease-free development of adults. Variations in biological, psychological, social, or lifecycle processes are unavoidable in primary ageing; examples include menopause, a drop-in reaction time, and the loss of family and friends. Secondary ageing refers to developmental changes caused by disease, lifestyle, and other environmental factors that are not unavoidable (e.g., pollution). Secondary ageing is characterised by the gradual loss of intellectual capacities in Alzheimer’s disease and similar types of dementia. Finally, tertiary ageing refers to the sudden losses that occur just before death. A condition known as terminal drop is an example of tertiary ageing, in which intellectual capacities exhibit a significant loss in the final few years before death. (Cavanaugh, and Blanchard-Fields 2010)

One of the world’s two population superpowers, India, is witnessing extraordinary demographic shifts. In both absolute and relative terms, rising lifespan and declining fertility have resulted in a remarkable increase in the number of persons aged 60 and up. This transition poses broad and complicated health, social, and economic concerns, both current and future, to which this vast and diversified society must quickly respond (Agarwal, *et al.*, 2016).

Since the aging population is growing, so does ageism. Ageism is defined as prejudice and negative stereotyping of people based on their age is a highly effective experience for senior citizens. Aging

stereotypes include perceptions that older individuals are inefficient, absent-minded, hesitant to learn and change, disinterested in relationships, and lacking strength (Berger, 2017).

Internalized age stereotypes play a significant role in ageism, both toward oneself and against others (i.e., self- vs. other-oriented ageism). Young individuals internalise the majority of unfavourable cultural attitudes about older people, which shapes their self-perceptions of ageing as they get older.

Anxiety about ageing is described as “the combined concern and anticipation of losses centred around one’s aging process” (Lasher and Faulkander, 1993). Ageing anxiety is related to anxieties about bodily losses, such as changes in one’s ability to care for oneself, deterioration in health, and functional capabilities. Nonetheless, the worries linked with bodily changes encompass changes in physical appearance as well as sexual consequences. Fears of reliance, personal control, cognitive decline, and low life satisfaction are all examples of psychological anxiety. Worries about social losses centre on connections, including the amount and quality of contacts with people, whereas fear of failure includes money concerns or a lack of a job (Chonody, 2019).

Donizzetti (2019) conducted research in Italy with the title *Ageism in an Ageing Society: The Role of Knowledge, Anxiety about Aging, and Stereotypes in Young People and Adults*. 886 Italian respondents participated from age 18 to 65 years in the study. The researcher used various instruments for the study; Fraboni Scale of Ageism, Aging Semantic Differential, Anxiety about Aging Scale, and Facts of Aging Quiz. The researcher tested a model through which he found out that age is an important factor as it negatively impacts anxiety about ageing and on the other hand it positively impacts stereotypical attitudes towards the elderly and promotes ageism. This indicates that as people grow older their anxiety about ageing diminishes but there is an increase in prejudice and stereotypes about ageing.

Saxena and Shukla (2016) did a study to find out Gender and Age-related difference in Anxiety about Aging. 300 people participated in the study ranging from 25-35 years, 45-65 years, and 65 years and older. The anxiety about Aging Scale by Lasher and Faulkender was used in this study. The study showed that as compared to males, females were more anxious about their ageing process and in the case of age, people belonging to the middle adults showed more anxiety about ageing. Anxiety about ageing among women can be higher because of the societal construction of the thinking that when women get old they do not look much attractive as they used to look in their younger age. For the middle adults who showed more anxiety than older and young adults, it may be because they are steadily approaching old age and may have a fear of the unknown.

Methodology

The present study was conducted on a PAN India basis and the sample was drawn from circulating the Google Form on social media platforms like Whatsapp and Instagram. The sample size of the study was 209 participants between the age groups of 25-59 years. The anxiety about Ageing Scale by Lasher and Faulkender (1993) was used to conduct the study. It is a 20-item scale that generates a total score based on responses to 20 questions across four subscales. The first subscale is *fear of old people*, which includes items 1, 3, 10, 13, and 19; the second subscale is *psychological concern about ageing*, which includes items 5, 7, 11, 16, and 18; the third subscale is concern about *physical appearance*, which includes items 4, 9, 12, 15, and 20; and the fourth subscale is *fear of losses*, which includes items 2, 6, 8, 14, and 17 of AAS. All elements on this scale are supposed to be graded on a 5-point scale ranging from “strongly disagree” (scored as 1) to “strongly agree” (scored as 5). A higher score on this scale depicts a higher level of anxiety about ageing and vice versa.

Results and Discussion

Table 1

Results of the comparison on anxiety about ageing between young and middle adults

Test value= 0

					95% Confidence Interval of the Difference	
	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
Young Adults	90.489	108	.000	69.128	67.61	70.64
Middle Adults	99.333	99	.000	68.550	67.18	69.92

It is clear from table 1. that young and middle-aged persons experience aging anxiety significantly at different levels. As a result, the alternative hypothesis is accepted and the null hypothesis is rejected.

The level of anxiety is higher in young adults which might be because the younger generation is more concerned with their health, appearance, and mental well-being. The results are in contrast to those of Saxena and Shukla (2016), who discovered that middle-aged adults had more anxiety related to aging than young adults.

Because of the stigma and hostility toward the elderly, their desire to keep physically active, the knowledge that they may have bodily problems as they age, and other ideas, people may get more nervous as they get older. Since this group recently saw how, during the Covid-19 peak, primarily older people in India were affected and had to deal with a variety of difficulties on their own, young adults are now more concerned about aging. Due to the lockdown, there was a little difficulty getting medical care, purchasing medications,

and groceries, and using the bank (HelpAge India, 2020). Their ability to meet their basic requirements for food, clothes, and housing was impacted by slow economic growth and disrupted production cycles (Joshi, 2020).

Table 2
*Results of the comparison on anxiety about ageing
between female and male young adults*

Test value= 0

					95% Confidence Interval of the Difference	
	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
Females	74.868	62	.000	69.683	67.82	71.54
Males	53.030	45	.000	68.370	65.77	70.97

Table 2 shows that there is a noticeable difference in the amount of anxiety between males and females in the young adult age group. Consequently, the null hypothesis is rejected.

According to the findings, women experience more concern about aging than men do. The idea that symptoms of aging cause anxiety in many women are supported by Sontag’s (1972) term “dual standard of ageing,” which suggests that the loss of status that comes with aging is more severe for women than it is for men. The fact that women must fulfill many cultural expectations and tasks may be the cause of the heightened anxiety. The challenges they will face as they become older, such as menopause, future career opportunities, age-based and gender discrimination in the workplace, and family planning, could also be a factor.

According to Barrett, and Robbins (2008, 2018), Brunton, and Scott (2015), Gendron, and Lydecker (2016), while female university students who are negative about personal aging are more prone to “dread” looking older, young women are also more self-

conscious about their ageing appearance (Chonody, and Teater, 2016). When discussing the transition to middle and later life, young women stigmatize their appearance as they age (Bybee, Merisca, and Wells, 1999; Bybee, and Wells, 2002; Bybee, and Wells, 2006).

Table 3

Results of the comparison on anxiety about ageing between female and male middle adults

Test value= 0

					95% Confidence Interval of the Difference	
	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
Females	72.079	56	.000	68.298	66.40	70.20
Males	68.237	42	.000	68.884	66.85	70.92

According to table 5.6., there is a considerable disparity between middle-aged males and females. Consequently, the null hypothesis is rejected.

The current finding suggests that in middle adulthood, men experience more aging-related anxiety than women. Given that India is a patriarchal nation where men dominate society, this may be the cause. Men in their mid-life may be concerned about aging because they are concerned about how they will handle problems as they get older. A higher level of aging anxiety could be caused by the decline in their skills and the harsh criticism that comes along with it. Although retirement policies are in existence, they are not yet being implemented efficiently. The negative relationship between their children and old age health issues may also cause an increase in anxiety. If their relationship with their children is strained, they had an additional cause to worry.

Table 4
Results of the comparison on anxiety about ageing between females and males

Test value= 0

					95% Confidence Interval of the Difference	
	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
Females	103.863	119	.000	69.025	67.71	70.34
Males	83.516	88	.000	68.618	66.99	70.25

According to table 4, there is a considerable difference between the level of concern that men and women have about growing older. Consequently, the null hypothesis is rejected.

The findings indicate that women experience more aging anxiety than men. According to the second hypothesis, women may experience higher levels of anxiety as a result of cultural expectations that they should look and feel young. Women are portrayed in the media as being able to perform any type of work, having no lines or wrinkles, and having a youthful appearance. In movies, youthful actresses are also romantically partnered with middle-aged men to convey the message that women should always appear young. Because homemakers make up the majority of women in this age group, they likely worry that as they get older, they won't be able to take care of their families and themselves. They might worry about their health as well as become alarmed when they observe senior persons in their community who are not in good health.

Additionally, they could worry about burdening their kids as they age, which might make them more anxious. How these societal images impact body image has been researched. For instance, Lewis and Cachelin (2001) identified a connection between fear of aging and the drive for thinness, body dissatisfaction, and unrestricted eating when they evaluated body image, dissatisfaction, and eating attitudes

of adult and senior women. Those who reported more disordered eating also expressed higher worry about getting older.

Society has focused on health concerns as a major focus of the aging process. This study (Tomlin, 2006) has revealed that women worry about their physical appearance as much as they do about their physical health. This may prove to be an area of concern, especially since there has been an increase in eating disorders in middle-aged and older adult women (Lewis, and Cachlein, 2001; Zerbe, 2003)

Table 5

Results of the comparison of fear of old people between young and middle adults

Test value= 0

					95% Confidence Interval of the Difference	
	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
Young Adults	56.285	108	.000	18.147	17.51	18.79
Middle Adults	64.350	99	.000	18.530	17.96	19.10

According to table 5.10, there is a considerable gap between young and middle-aged persons in terms of their level of fear of the elderly. Consequently, the null hypothesis is rejected.

According to the research, middle-aged persons exhibited a greater level of fear of the elderly. Questions about being around senior citizens can be found in this domain. They may be experiencing heightened worry because they identify with those elderly people. The challenges that elderly individuals must overcome on a physical, emotional, and financial level can be dreadful. It might also be those who are worried about themselves because they see how their children or the younger generation treat older people and are being

driven to believe stereotypes like “old people are not very active” or “old age is the age of depression.” People may have more anxiety as they age because they are terrified of dying.

Table 6
Results of the comparison of psychological concern between young and middle adults

Test value= 0

					95% Confidence Interval of the Difference	
	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
Young Adults	73.858	108	.000	18.046	17.56	18.53
Middle Adults	76.432	99	.000	17.370	16.92	17.82

According to table 6, there is a significant psychological difference between youthful and middle-aged persons. Consequently, the null hypothesis is rejected.

The findings indicate that young adults are more worried about aging psychologically than middle-aged people are. It could be that they are worried about what will happen to their mental health as they age. The mental health of the younger generation is a growing problem. They are learning more about mental health concerns through reading, study, and awareness. Given that growth slows across this age range, it is likely that reading more unpleasant material about old age may induce fear in the young. They might acquire an opinion of how they will be as they age based on how older individuals around them act. It is also conceivable since medical advances have increased life expectancy, which means that as people live longer, they will have to deal with aging-related issues for a longer period.

Table 7

Results of the comparison of physical appearance between young and middle adults

Test value = 0

					95% Confidence Interval of the Difference	
	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
Young Adults	63.945	108	.000	17.321	16.78	17.86
Middle Adults	58.722	99	.000	16.590	16.03	17.15

According to table 7, there is a considerable difference between young and middle-aged persons in the area of physical appearance. Consequently, the null hypothesis is rejected.

The results show that young adults are more self-conscious about their appearance than persons in their middle years. As the first hypothesis suggested, young adults nowadays are more self-conscious about their appearance. They want to appear healthy and young-looking for their age. By portraying models and celebrities as young, writing articles on how to seem young, and promoting and selling anti-aging products in the market, the media has helped to shape this mentality. Probably, young adults care more about their physical appearance because women made up the bulk of the responses (63 females). Girls are pressured to look young and attractive from an early age; sayings like "Never ask a lady her age" may suggest that women are hiding their age or refuse to acknowledge that they will get older and have to deal with physical changes. Even though social media encourages self-acceptance for physical and aesthetic changes, some people remain averse.

Table 8
*Results of the comparison on fear of loss between
 young and middle adults*

Test value = 0

					95% Confidence Interval of the Difference	
	T	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
Young Adults	48.548	108	.000	15.615	14.98	16.25
Middle Adults	51.159	99	.000	16.060	15.44	16.68

According to table 8, there is a considerable difference between young and middle-aged persons in terms of their level of dread of loss. Consequently, the null hypothesis is rejected.

The results show that middle-aged persons are more afraid of losing than young adults. The sandwich generation is defined as those between the ages of 40 and 50. In addition to their young adult children, they also need to care for two sets of elderly parents. Parents who are accustomed to raising their children may experience empty-nest syndrome as a result of having less time on their hands when their children leave the home to seek employment or higher education. Since they are steadily losing significant people and events in their lives as they become older, they can be concerned that they will lose everything. Their fear of being by themselves could make them more worried about losing. Additionally, also they might believe that as they age, all of their friends and loved ones would pass away from old age.

Conclusion

It was assumed that the middle adults would have a higher level of anxiety about ageing when compared with young adults, as they are closer to moving to old age. But on the contrary, the results indicate that young adults had a higher level of anxiety. Further findings showed that middle-aged males had a higher level of anxiety when compared with females which were not predicted. It is necessary to determine

what are the factors that are leading to a higher level of ageing anxiety among the Indian population and find out different ways in which it can be controlled. Awareness programs should be conducted to tell people about facts on ageing so that they can clear their misconceptions about ageing, how elderly people can do a lot of things even at that age, and what provisions and laws the elderly can use in the future. Once a person is prepared how to deal with the problems, their anxiety could get diminished a little since they know how to deal with it.

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Effectiveness of Various Interventions on Psycho Physiological Well-being among Older Adults: A Systematic Review

*Selvaraj. P., and *Sasi, V.*

Vinayaka Mission's College of Nursing, Pondicherry,

*Vinayaka Mission's Research Foundation, Salem (T.N.)

ABSTRACT

The main objectives of this review were to assess the effect of an intervention on the physiological, psychological, and social well-being of older adults, and to identify the influences of different forms of exercises, counselling, and reminiscence therapy on older adults. For this purpose around 166 studies published within the last 10 years (from 2010-2021), in English, in various data sources, including Google Scholar, PubMed, PsycINFO, Scopus, Web of Science, and Research Gate were collected. Based on the selection criteria, 20 studies were analysed in three categories- physiological, psychological, and social well-being. Based on the analysis of these resources, it may be concluded that most of the research evidence reported that there is a deficient level of well-being in all dimensions among older adults. Psychosocial intervention is both cost-effective and beneficial in promoting older adults' well-being. Based on these findings, it may be recommended that geriatric health and well-being could be restored and promoted by the administration of psychosocial intervention.

Keywords: Physiological well-being, Psychological well-being, Social well-being, Exercises, Counselling, Reminiscence, Old age.

Normal Ageing or healthy ageing seeks to resolve many mental health challenges to promote the health and well-being of older individuals (Grover, 2014). The health and illness continuum represents that well-being is achieved by meeting all of the needs of older adults. Well-being is defined as a state of being comfortable, healthy, or happy living (Chambers, *et al.*, 2009). Older adults have specific needs to meet several challenges. All the dimensions need to be focused on meeting every level of care, providing treatment, and accepting physical or mental health issues. Physiological, psychological, and social well-being are indicators of the quality of life. Combined with the satisfaction of life, these three are vital components of quality of life (Government of India, 2011; Davidson, and McEwen, 2012).

According to Indian statistics, the overall prevalence of mental health issues is 21.3 per cent, anxiety is 20.9 per cent, and organic disorders are 8.1 per cent. The National Mental Health Survey reported as Mental Health Morbidity is 15.3 per cent after 60 years (Gov. of India, 2016). The health and well-being of the old adults determined by these factors, such as decreased social values, globalization, industrialization, and the advancement of technology (Government of India, 2011).

Due to several reasons like lack of independence, frailty, illness, separation, isolation, and simply their age, among others, older people are at disproportionately higher risk of suffering from mental health problems. What is also noteworthy for all age groups, but especially for older adults, is that physical health influences mental health in the same way that mental health influences physical health (World Health Organization, Fact sheets, 2017)

In developing countries like India, pharmacological interventions will be an additional burden to ensure the health and well-being of older adults. Some cost-effective non-pharmacological and psychosocial interventions will be helpful to promote all domains of well-being. Psychosocial interventions include exercises, reminiscence therapy, yoga, mindfulness, animal-assisted therapy, transmediation, aerobic exercises, and counselling (Stubbs, *et al.*, 2015).

Various research studies and randomized control trials were conducted about the influence of these psychosocial interventions on physiological, psychological, and social variables. Early administration of these psychosocial interventions will act as primordial prevention for physiological, mental, and social health issues (Yao, and Tseng, 2019). Reviewing the various studies related to subjective well-being and psychosocial intervention gives an overview of the current scenario.

While everyone's ageing experiences and contexts are unique, there are some common strategies that people use to maintain and adapt to changes in their biopsychosocial health. Having good social and psychological health can offset the effect of declining biological health and has been positively associated with quality of life at older ages.

Targeting these aspects of health early on in the course of ageing can be seen to build adaptive capability, building up psychosocial reserves for future use when biological health inevitably deteriorates. When viewed in this light, health is positioned as a dynamic and multifaceted construct in which deficits or risks in one domain of health can be offset by abundance in another, accounting for an individual's ability to "bounce back" in the face of disruptions (Aw, *et al.*, 2020).

Therefore, along with a continued focus on extending their life expectancy, it is also necessary to understand the strategies to maintain sound mental health and well-being in older adults (Wang, *et al.*, 2011).

The Review Question

What are the effects of different forms of interventions, such as exercises, counselling, and reminiscence therapy, on the physiological, and psychological well-being of older adults?

Method

Studies of randomized controlled trials (RCTs), non-randomized experimental studies, observational studies, and studies with varying levels of interventional follow-up were included in the review. Keeping in mind the present review question, inclusion and exclusion criteria were prepared for the selection of studies for the review.

Inclusion criteria:

- Studies with participants aged 60 years and over.
- Studies on older adults' physical health, eating habits, exercise, rest and sleep, prevention of illness, recognizing signs and symptoms of illness, and seeking appropriate assistance for health; emotional wellness; acceptance of one's feelings; anxiety, depression, self-management, relaxation, stress reduction, social relationships with others and reminiscence.

Exclusion criteria

- Studies on older adults above the age of 70 years were excluded.
- Studies concerning older adults who were diagnosed with physical and mental illness.

Electronic Database Searching

The searches for articles were conducted in the databases of Google Scholar, PubMed, PsycINFO, Scopus, Web of Science, and Research Gate. The search targeted studies published only in English-language, within the last 11 years(from 2010 to 2021), were included.

The collected studies were checked for clarity and content and then used for the review. (The protocol of this review was registered with the PROSPERO registry, Id: CRD42021282623).

Keywords Used

Key terms used for the exposure variables were: older adults, well-being, physiological well-being, psychological well-being, social well-being, quality of life/well-being, "Bio Psychosocial health, physical activity, exercises, counselling, reminiscence therapy, self-care, mental health, depression, anxiety, psychological health, self-esteem, interpersonal communication, aging, aged, frail, senior citizens, old age, senior adults, older adults, elderly, and geriatric are all terms used to describe people who are over the age of 60 years.

Interventions

The intervention involved- exercises, counselling, and reminiscence therapy alone or in combination with others. All interventions were administered face-to-face, either in a group or individually, with different volumes, combinations, frequencies, and durations.

Context

Studies conducted in old age homes, elderly care homes, senior homes, and residential care homes were included.

Data Extraction

A *Prismaflow* diagram was used to select the articles. Eligibility criteria were assessed for the extracted data. Included studies were evaluated based on relevance, appropriateness, clarity, and methodology. Those studies that did not meet the criteria were excluded.

The information gathered was tabulated and classified as author and year of publication, study design, setting, sample size, method, type of intervention, and key findings.

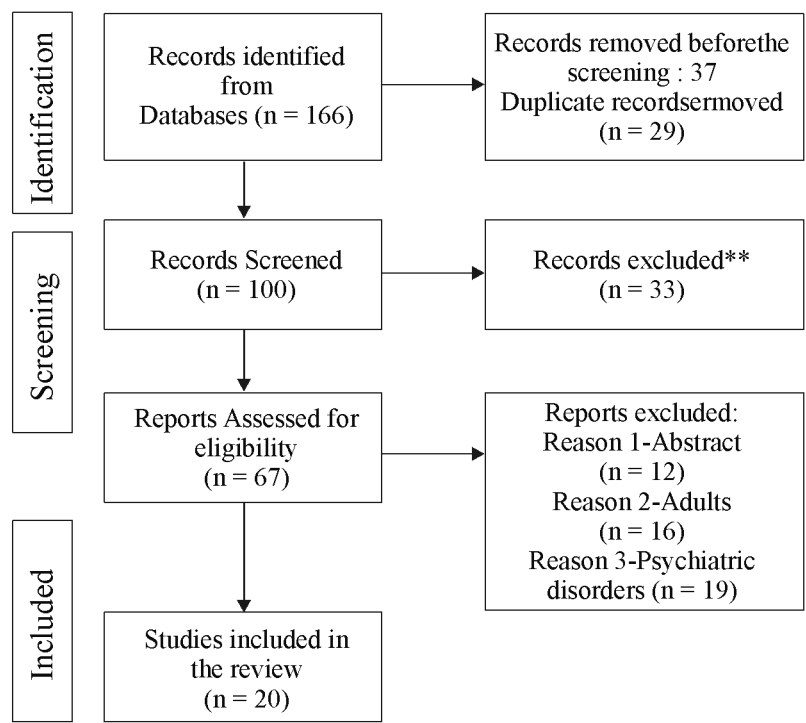


Figure 1. *Prismaflow* diagram for the selection of review articles For more information, visit: <http://www.prisma-statement.org/>

Synthesis of Results

The data from the chosen studies were organized into tables. The final version of the table presents the results in the form of discussion, comparison, and contrasts in the findings of various studies. A few qualitative studies were collected to enhance the sensitivity

Studies related to interventions on Physiological Well-being (Table- 1)

An experimental study was conducted to assess the influence of multi-level social capital on subjective well-being and to explore the causal relationship among 1078 elderly. Data were collected from the family, workplace, and community. The study's findings showed that the administration of intervention improves subjective well-being in all settings. The study concluded that for multi-level social capital, continuous improvement in subjective well-being among the elderly was significant (Xu, *et al.*, 2022).

A longitudinal study was conducted about the psychophysical well-being of daily physical exercise among 58 Italians aged 60 years or older. The two Adapted Physical Activity (APA) pieces of training were administered. The Mental Health Continuum-Short Form was used to assess psychophysical well-being. The study recommended that moderate physical activity positively enhances mental health and well-being. In conclusion, it was reported that competence development and adaptive adjustment in the elderly promote psychophysical well-being (DelleFave, *et al.*, 2018).

A single-blind randomized controlled trial was conducted at R.D. Gardi Medical College, Ujjain, Madhya Pradesh, Central India. Interventional group participants underwent a 12-week, 60-minute yoga intervention three times per week among 144 participants aged 60 years and old. Comparison Study participants underwent a 60-min programme comprising light exercise focusing on a conventional stretching study. According to the researchers, elderly people in the intervention group who practiced yoga had better primary (well-being) and secondary (health-related) outcomes than those in the light exercise group who focused on conventional stretching (Choudhary, *et al.*, 2019).

Table 1
Intervention in Physiological Wellbeing

Sl.No	Author and Year Of Publication	Study Design	Setting and Sample Size	Method/Types of Intervention	Key Findings
01	ZongyouXu <i>et al.</i> , 2022	Cross-Sectional Study	Chengdu, China. 1,078 Elderly Individuals Aged 60 Years And Above	Multi-Level Social Capital	Subjective Wellbeing
02	AntonellaDelleFave, <i>et al.</i> ,	Longitudinal Study	58 Italian people aged 60 years	Two Adapted Physical Activity (APA) training programs	Physical and psychological wellbeing
03	Choudhary, Anita Pathak, Ashish Manickam, <i>et al.</i> , 2019	Two-Group Parallel Single-Blind Randomized Controlled Trial	R.D. Gardi Medical College, Ujjain, Madhya Pradesh, Central India. 144 participants aged 60 and above	Yoga versus Light Exercise	Subjective Well-Being, Mental Health, Physical Activity
04	De, Sangita Nath Roy, Rabindra Mitra, Kousik Kumar Das, Dilip Dan, Amitava 2018	A community-based cross-sectional study-Simple Random Sampling Technique	A slum area of Bardhaman Municipality, West Bengal. 106 elderly persons (age > 60 years)	Physical Activity	Quality of Life
05	Silva E Farias, IlkyPollansky Montenegro, <i>et al.</i> , 2020	A cross-sectional study	125 Institutionalized elders living in the metropolitan region of João Pessoa (Brazil)	Descriptive survey	HRQoL of Institutionalized Elders

A cross-sectional study was conducted among a sample of 106 elderly people (age > 60 years) in a slum area of Bardhaman Municipality, West Bengal. A simple random sampling technique was applied to select the subjects from six slums in the area. Physical activity status and quality of life were assessed by the Global Physical Activity Questionnaire (GPAQ) and the World Health Organization Quality of Life Instrument. The study's findings concluded that physical activity is associated with a higher quality of life in slum-dwelling elderly people. Improving the pattern and level of physical activity among the elderly is highly desirable (De, *et al.*, 2018).

In Brazil, A cross-sectional study on the association between health related to the quality of life (HRQoL) with daily living activities, frailty status, cognitive status, nutritional status, self-perception of oral health, and depression status was conducted with 125 institutionalized elderly. The outcome of the study reported that there is an impact on all the variables with HRQoL, considering a significance level of 5 per cent. Multivariate regression analysis implies that retirement, frailty, and depression are positively associated with poor HRQoL. Decline in Physio-psychosocial leads to lower HRQoL. Institutions should be advised to plan and implement actions that would improve the HRQoL of institutionalized elderly people (IlkyPollansky Silva e Farias, *et al.*, 2020).

Studies related to interventions on Psychological well-being (Table 2)

An experimental study was conducted in Madison, WI, USA among a sample of 103 men and women aged 60 or over, to test a novel group intervention (Lighten UP! program) for the promotion of psychological well-being in older adults living in the community. Lighten UP! is an eight-week program consisting of 90-minute group sessions designed to teach participants to identify and savour positive experiences across multiple domains of eudaimonic well-being. Participants reported significantly increased PWB, life satisfaction, and social well-being along with lower levels of depression and fewer physical symptoms and sleep complaints (Friedman, *et al.*, 2017).

Table 2
Intervention on Psychological Wellbeing

Sl.No	Author and Year Of Publication	Study Design	Setting and Sample Size	Method/Types of Intervention	Key Findings
01	Friedman, Elliot M. Ruini, Chiara Foy, Renee Jaros, La Verne Sampson, Hellen Kyff, Carol D. 2019	Experimental study	Madison, WI, USA. 103 men and women aged 60 or over	A community-based group intervention(Lighten UP)- An eight-week program consisting of a 90-minute group session	Psychological well-being, Life Satisfaction, and Social Well Being
02	K, Alphonsa A Jaleel R, Vijayaraghavan Saitesh, Kumar. 2018	Experimental study- Stratified Random Sampling Technique	Old-age homes in Ernakulam district, Kerala.A total of 20 elderly, 10 each for the experimental and control groups	Relaxation therapy (Jacobson's progressive muscle relaxation with music, physical exercise, and laughter therapy)	Psychological variables - Depression Anxiety and Stress
03	Athira, B Elizabeth, Mary. 2021	Experimental Approach with Quasi- Experimental Design	Selected Old Age Homes ofK erala. 60 samples for the study, 30 in the experimentalgroup and 30 in the control group	A 14 days yoga session for 30 minutes was given each day morning and evening	Psychological Well-Being of Senior Citizens
04	Ghen, Mihaela. 2022	Qualitative Methodology,	Casanova, Romania.	Focus Group Session lasted 60-90 min	Quality Social Services. Physical and Mental Health of Dependent Older Person
05	Lee, Kyujin So, Wi-young. 2019	A National Health and Nutrition Examination Survey.	Conducted In Korea. 1504 old aged people		Health and Wellbeing of the Elderly

A study to assess the effectiveness of relaxation therapy on psychological variables among the elderly in old-age homes was conducted among twenty elderly people, 10 in each group, from two old-age homes in Ernakulum district, Kerala. The relaxation therapy (Jacobson's progressive muscle relaxation with music, physical exercise, and laughter therapy) was given for an hour each in the morning and evening for 4 months successively. From the findings of the study it was revealed that those alternative therapies were greatly useful in geriatric care and could be recommended for the psychological health and well-being of the elderly (Alphonsa, K.K. *et al.*, 2018)

This study was undertaken in the selected old age homes, Jubilee Mandiram and Ashreya, Kottarakara, Kollam District, to evaluate the effectiveness of yoga on psychological well-being among senior citizens. Purposive sampling was used to select 60 samples for the study, 30 in the experimental group and 30 in the control group. The intervention of yoga was administered to an experimental group. A 14-day yoga session for 30 minutes was given each day in the morning and evening. The findings of the study revealed that yoga was found to be very effective in improving the psychological well-being of senior citizens (Athira, and Elizabeth, 2021).

In Casanova, A qualitative study was conducted to examine the perspectives of social service providers for aged people concerning their role and the challenges they encounter in ensuring their quality of life. The focus group method was used to collect data (both for residential and home care). The findings reported that the provision of quality social services will adequately respond to the mental and physical needs of beneficiaries, which contributes to their degree of independence and enhances their physical and mental well-being.

In Korea, a National Health and Nutrition Examination Survey was conducted about physical activity, mental health, and quality of life among the elderly. It was found that among the 1,504 elderly people, the elderly without activity-limiting disabilities (1201) and the elderly with activity-limiting disabilities (303) were compared. Results show that in all five domains measuring the quality of life ($p < 0.05$), the results were very low showing poor well-being among the second group.

Table 3
Intervention in Social Wellbeing

<i>SLNo</i>	<i>Author and Year Of Publication</i>	<i>Study Design</i>	<i>Setting and Sample Size</i>	<i>Method/Types of Intervention</i>	<i>Key Findings</i>
01	Saffarinia, Majid Dortaj, Afsaneh. 2018	Quasi Experimental-Research- Stratified random sampling	40 elderly women aged over 65 years and over residing in nursing homes in Dubai	Group Logotherapy for 8 sessions	Social and Mental wellbeing
02	Catherine Poorneselvan, . Lorraine Steefel, 2014	Quasi Experimental-Research- Convenience Sample	Selected old age home Bangalore, 20 residents aged of 65years and over	Seven individualized 45- mins weekly Reminiscence Therapy Sessions	Self-esteem. Depression.
03	Xu, Zongyou Zhang, Wenjie Zhang, Xuewen Wang, Yixi Chen, Qing Gao, Bo Li, Ningxiu.2022	Cross-Sectional Study- Multistage Stratified Random sampling survey	Chengdu,Sichuan Province in China. 1,078 elderly individuals	Multi-Level Social Capital	Social and Subjective wellbeing.

The health and well-being of the elderly in all dimensions need to be focused on (Lee & So, 2019).

Studies related to intervention on Social well-being (Table 3)

Quasi-experimental research was conducted among forty elderly Women aged over 65 years residing in nursing homes in Dubai. The sample was collected using stratified random sampling. The experimental group received the group logotherapy for 8 sessions, and each session lasted for 1 and a half hours. The control group was kept waiting. The mean and standard deviation of the total scores of psychological well-being (445.31 ± 35.90), life expectancy (37.01 ± 2.13), and social well-being (27.99 ± 3.06) were tabulated. The findings indicated that group logotherapy could improve both mental and social well-being. It was concluded that mental health professionals can use group logotherapy to improve life expectancy and the mental and social well-being of female elderly residents of nursing homes (Saffarinia and Dortaj, 2018).

A study was conducted to evaluate the effect of reminiscence therapy on self-esteem and symptoms of depression in residents of a selected home for the aged in India. A convenience sampling technique was used to select 20 residents aged 65 and over. The sample participated in seven 45-minute weekly RT sessions. Results show that self-esteem increased significantly after RT and mean scores on the Geriatric Depression Scale decreased significantly, indicating that RT is a non-invasive treatment modality that nurses can implement in working with the elderly to prevent or decrease depressive symptoms and enhance self-esteem (Poorneselman, and Steefel, 2018).

A cross-sectional study investigated the impact of multi-level social capital on subjective well-being among the elderly in Chengdu, Sichuan Province, China. A multistage stratified random sampling survey was used to acquire the sample of 1,078 elderly individuals. Data was collected about their family, workplace, community, society, social capital, and subjective well-being. The research concluded that all the micro, meso, and macro levels of social capital have protective effects on subjective well-being through direct or indirect ways, inspiring the

Table 4
The intervention of Exercise, Counselling, and Reminiscence Therapy

Sl.No	Author and Year of Publication	Study Design	Setting and Sample Size	Method/Types of Intervention	Key Findings
01	Baez, Marcos Far, Imankhaghani Ibarra, Francisco Ferron, Michela Didimo, Daniele Casati, Fabio, 2017	Experimental study- Matched Random assignment procedure,	Trento, Italy. 40 participants aged 60 and over	Online group exercising based on OTAGO Exercise Program. The duration of the exercise sessions ranged from 30 to 40 min	Physical, Psychological and Social Wellbeing
02	Khazaei-pool, M. Sadeghi, R. Majlessi, F. Rahimi Foroushani, A. 2015	Randomized control trial study- convenience sampling	120 male and female volunteers for older adults in Nowshahr, Iran	8-week long Physical Exercise programme	Happiness
03	Rugbeer N, Ramklass S, McKune A, van Heerden J. 2017	Quasi-Experimental Design	60 years of age and older residing in an aged care facility of Durban central.	12-week Group Exercise Programme	Mental Health and Social Health
04	Carandang, Rogie Royce Shibanuma, Akira Kiriya, <i>et al.</i> , 2020	Open (non-blinded), Non-Randomized Trial	575 Community-dwelling Filipino senior citizens.	Three different 3-month interventions included Peer Counselling, Social Engagement, and Combination.	Depression. Psychological Resilience, and Social Support
05	Henkel, Linda A. Kris, Alison Birney, Sarah Krauss, Kaitlyn. 2017	Experimental Design	46 older adults living in three Connecticut long-term care facilities. United States	Function and value of Reminiscence	Mental Health and Well-Being
06	S. Bens Jennifer, S. S. Sharmila Jansi Rani, 2020	Experimental Design	60 Elderly in selected old age homes at Kanyakumari District, Tamil Nadu	Reminiscence Therapy	Psychological wellbeing
07	Satorres, E. Viger, P. Fortuna, F. B. Meléndez, J. C. 2018	Experimental Design	150 elderly adults from the Dominican Republic	The reminiscence Programme consists of 10 weekly sessions lasting -2 hours each	Mental Health and Coping Strategies

need to provide continuous improvement measures for multi-level social capital aimed at the elderly people (Xu, *et al.*, 2022).

Studies related to the intervention of Exercise, counselling, and Reminiscence Therapy(Table 4)

A study on the physical, psychological, and social well-being outcomes of a technology-based intervention that enables online group exercises in older adults with different levels of skills was conducted in Trento, Italy. The 40 participants aged 60 and over were recruited using a matched random assignment procedure. The intervention group underwent online group exercise training for eight weeks. The results indicate that technology-supported online group-exercise training improves physical, psychological, and social well-being outcomes. Instead, longer-term interventions involving bigger participant numbers were advised to evaluate the effects on well-being and behaviour modification (Baez, *et al.*, 2017).

A randomized control trial study to determine the effects of an 8-week-long physical exercise programme (PEP) on happiness among older adults in Nowshahr, Iran was conducted. 120 male and female volunteers aged 65 and older were selected using convenience sampling techniques. After implementing PEP, happiness significantly improved among the experimental group ($P = 0.001$) and did not improve within the control group ($P = 0.79$). It concluded that PEP had positive effects on happiness among older adults. Planning and implementing physical activity is so important for older people's happiness (Khazae-Pool, *et al.*, 2015).

The study was conducted among individuals 60 years of age or older residing in an aged care facility in the Durban central business district (CBD), KwaZulu-Natal, South Africa, to determine the effect of group exercise frequency on health-related quality of life in the institutionalized elderly. A quasi-experimental design was used to compare the effects of a 12-week group exercise program on two groups of participants using pre-test and post-test procedures. Overall, results show that mental health and social functioning benefits can be obtained irrespective of exercise frequency, 2x/week or 3x/week. The findings suggest that group exercise is an effective intervention for

improving mental health and social functioning in the elderly residing in long-term care facilities (Rugbeer, *et al.*, 2017).

An open(non-blinded),non-randomized trial to assess the effectiveness of 3- month- duration interventions with peer counselling, social engagement, and combination vs. control in enhancing depressive symptoms of community-dwelling Filipino elderly citizens was conducted. Results denote that senior depression scores over three months significantly improved in all intervention groups (control as reference). Significant advancements were also seen in psychological resilience and social support. The study concluded that the community position, peer counselling, social engagement, and combination interventions were effective in enhancing depressive symptoms, psychological resilience, and social support among Filipino elderly citizens (Carandang, *et al.*, 2020).

A study to examine the functions of reminiscence for long-term care residents in the United States by addressing the self-reported frequency of reminiscence, the counterparties involved, the overall purpose and value of reminiscence, and the relationship to residents' mental health and well-being was undertaken. Results incontestable that though some functions of reminiscence were corresponding to those found in community-dwelling older adults, others were distinctive to the long care setting. These findings recommend that interventions shaping reminiscence encounters might have positive outcomes for long-care residents (Henkel, *et al.*, 2017).

The study aimed to explore the effectiveness of reminiscence therapy on psychological well-being among the elderly in selected old age homes in Kanyakumari District, Tamil Nadu. The investigator selected 30 samples for the experimental group and 30 for the control group in different settings. The intervention of reminiscence therapy was given to the samples in the experimental group for 30 min every day for 1 month. A post-test was conducted after 1 month using the same tool by the investigator. The study's finding reveals that reminiscence therapy was highly effective in improving psychological well-being among the elderly (Jenifer, and Jansi Rani, 2020).

The purpose of this study was to investigate the effect of a reminiscence intervention program on coping strategies among elderly adults from the Dominican Republic. One hundred fifty healthy older adults attended the reminiscence sessions. It consisted of 10 weekly sessions lasting 2 hours each. Repeated-measures analysis of variance showed significant differences in problem-solving coping, positive reappraisal, social support seeking, and avoidance coping, with the treatment group obtaining higher scores than the control group in all cases. Research suggests that reminiscence therapy contributes to mental health by improving coping strategies that allow older adults to successfully cope and deal with psychological distress(Satorres,*et al.*, 2018).

Conclusion

A systematic review of various randomized controlled trials, experimental studies, longitudinal studies, and cross-sectional surveys implies that the administration of various psycho-social interventions could be effective to enhance the health and well-being of elderly people. The administration of these interventions minimizes the cost and side effects of pharmacological management. Mental health morbidity and maintenance costs will be reduced. Mental health professional workers may undertake a research effort to use this psychosocial intervention in routine care, which may be effective.

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A Comparative Assessment of the Social and Emotional Wellbeing of Nigerian Retirees under the Defined Benefits and Contributory Pension System

*Sunday Evaristus Abonyi, and *Uzoma O. Okoye*

Department of Social Work, University of Ilorin, Nigeria

&

*Department of Social Work, University of Nigeria, Nsukka

ABSTRACT

Retirees' well-being is increasingly becoming an important concern because of the multi-faceted problems associated with the pension systems of many nations. This study examined the emotional and social well-being of retirees under the Defined Benefits and Contributory Pension Systems in Nigeria. The multistage sampling techniques were adopted and 1,116 respondents (aged 60 years and above) were selected using a questionnaire instrument. Qualitative data were generated by focus group discussion (FGD) with 46 participants (aged 60 years and above) not issued with the questionnaire. The quantitative data were analysed using a statistical package for social sciences (SPSS) and the results were presented in frequency distribution tables, percentages, and cross-tabulation. The qualitative data were analysed

in themes and verbatim quotes used to complement the results of the quantitative data. The findings revealed that 52.4 per cent of those in the new scheme have higher emotional well-being than 47.6per cent of respondents in the old scheme ($\chi^2 = 19.23$, $df = 1$, $p < .005$). The results further showed that 52.8per centof respondents in the new pension system have higher social well-being as against 47.2per centof those in the old scheme ($\chi^2 = 10.55$, $df = 1$, $p < .005$). The study, therefore, recommended among others, the strengthening of the new pension system, review of the verification system of the senior citizens, and making the pension entitlement 100per cent of what the individual was collecting during the working years.

Keywords: Assessment, Comparative, Wellbeing, Pension, Retirement

Retirement seems to be a period in which the individual is physically, cognitively, and mentally challenged (Nimrod, 2007). It is one of the key life changes that are capable of transforming one's social relationships and emotional status coupled with the concomitant shift in income and physical health conditions. According to Kin and Moen (2001), existing evidence is mixed, with some studies reporting retirement as positively related to wellbeing (Maule, *et al.*, 1996; Sharpley and Layton, 1998; Gall, *et al.*, 2000) and others reporting a negative relationship or none at all (Bosse, *et al.*, 1991).

According to Ahmad (2006), one of the purposes of the pension system established by most societies is to provide a base level of financial security for its retired older members. In Nigeria, the pension scheme dates back to the colonial era with the pension ordinance of 1951 and then to the 1979 pension Decree 102 and 103 which later became the pension Act of 1990 and were amended by the pension regulations of 1991 (Balogun, 2006). The scheme was of defined – benefit plan, financed from the government general revenue and provided on a pay-as-you-go basis. Akani and Obviagele (2010)

observed that as a result of the long process which included identification of pensioners, determination of entitlements, reconciliation of amounts paid, and arrears, many retirees tend to collapse while waiting in long queues to collect their benefits. This may have resulted in the introduction of a new pension scheme, the defined – contributory plan in 2004 which was borrowed from Chile. (Ahmad, 2006). This new scheme made it mandatory for each employee in public and private organizations in Nigeria to contribute 7.5 per cent of his/her monthly emoluments and for the employer to contribute an equivalent amount making it 15 per cent, 2.5 per cent for the military personnel with the government contributing 12.5 per cent to make it 15 per cent (Ahmad, 2006). However, recent modification of contributions to the scheme shows a minimum of 10 per cent by the employer and 8 per cent by the employee under the 2014 Pension Reform Act (Oyedele, 2014).

The major difference(s) between the operations of the new scheme and the previous one is that it is the employee who provides the bulk of funding through payroll deductions while the employer typically provides the money paid as a pension for years of service under the old scheme (Landy & Conte, 2010). Dostal (2010) however observes that both schemes fail to consider the aged outside the formal sector of employment.

However, retiring from one's occupation could be associated with a high level of stress, high blood pressure, and other symptoms of depression such as sleep disturbance, suicidal thought, low self-esteem, difficulty in concentration, and loss of energy among our senior citizens (Pearline, *et al.*, 1981; Kessler, *et al.*, 1985; Steffens, *et al.*, 2000; Szinovacz, 2003). Ugwu and Agbo (2010) noted that the lack of viable pension schemes may affect retirees' well-being especially when the retirees' social relationship or network increases. This implies that the individual's relationship and support from someone of close tie would be seen as requiring reciprocity which is likely to worsen the feelings of well-being when the pension packet is low (Ginika, 2010). Antonucci (1985) observed that the predominance of interactions in old age or among retirees appears to be with family and friends.

According to the author low frequency of social relationships with family members and friends was associated with greater loneliness which affects negatively both health-related quality of life and overall wellbeing of retirees. Consequently, most retirees tend to have an extensive relationships which may on the other hand have positive implications for their wellbeing

However, none of the prior studies have focused directly on comparing the emotional and social well-being of retirees on Defined Benefits and Contributory pension schemes in Nigeria and situating it to Enugu State rather, emphasis was laid on the examination of retirees' subjective well-being, the influence of social supports and adjustment to new roles. In other words, questions of using the emotional state of retirees and social relationships to compare their well-being under different pension systems have always been taken for granted. To fill this knowledge gap, the study examined the emotional and social well-being of retirees under the Defined Benefits and Contributory pension scheme who are currently residing in Enugu state, Southeast, Nigeria. In other words, it tried to ascertain the differences that exist in the emotional and social well-being of retirees under the two pension systems in Enugu State.

Literature Review

Development of the Nigerian pension system

According to Odia and Okoye (2012), the pension system was introduced into Nigeria by the colonial administration. Pension provision in Nigeria as in other countries of sub-Saharan Africa is limited to the formal sector of employment such as civil service at each of the three levels of the Nigerian federation (federal, state, and local), the military, and employees of public enterprises or parastatals (Dostal, 2010).

However, the first legislative document on pension in Nigeria was the 1951 pension ordinance which according to Balogun (2006) took effect on 1st January 1946. The ordinance provided public servants with both pensions and gratuity (Ahmad, 2006). The National Provident Fund (NPF) scheme established in 1961 was the first legislation to address pension matters of private organizations in Nigeria.

This was the first social protection scheme for the non-pensionable private sector employees in Nigeria. It was mainly a saving scheme where both employee and employer contributed the sum of ₦4 each on monthly basis with only a one-off lump sum benefit (Ibid).

The NPF was followed by Armed Forces Pension Decrees 102 & 103 of 1976 and 1979 with retroactive effect from 1st April 1974. These pension Acts encompassed the recommendations of the Udoji commission which included all consolidated enactments and circulars on pension as well as repealing the existing 113 pension laws hitherto in force (Odia & Okoye, 2012). Other pension Acts included the pension rights of judges Acts No. 5 of 1985, the police and other government agencies pension Act of 1987, local government pension edict which culminated in the setting up of the local government staff pension board of 1987.

In 1993, the Nigeria Social Insurance Trust Fund (NSITF) was established by Decree No. 73 of 1993 to replace the defunct NPF scheme to cater to employees in the private sector of the economy (Balogun, 2006). In 1997, parastatals were allowed to have individual pension arrangements for their staff and appointment of Board of Trustees (BOT) to administer their pension plan as specified in the standard Trust Deed and Rules prepared by the office of Heads of Service of the Federation (Odia&OKoye, 2012). All these pension schemes were of defined benefit and non-contributory, except in the private sector, that is, the amount of benefits a retiree would earn is fixed.

In 2004, General Olusegun Obasanjo's regime enacted a law to decentralize and privatize the pension system in Nigeria through the pension reform Act 2004. The pension reform Act 2004 according to Atom (2006) was patterned after the Chilean model. The model requires the employer and the employee to jointly contribute towards the pension of the employee a specified percentage (7½%) each of the employees' wage/ salary and the employer. This amount is invested and the proceeds are credited into the individual account of the employee. Abdul (2006) noted that one of the major objectives of

this Act is to ensure that every person who worked in either the public service of the federation or the private sector receives his/her retirement benefits as and when due.

Emotional wellbeing

Many people see retirement as a life course that opens the window for a deterioration in the psychological or emotional state of the individual. It is a transition that can be accompanied by psychological distress and depression (Dahi, *et al.*, 2003). According to Chappell, *et al.*, (2003), symptoms of depression may include loss of pleasure (anhedonia), depressed mood (dysphonia), sleep disturbance, appetite disturbance, loss of energy, difficulty in concentration, low self-esteem, psychomotor retardation or agitation, and suicide thought. The authors noted that depression among retirees may likely increase the risk of mortality from physical illness. Similarly, Steffens, *et al.*, (2000) revealed in one of the studies that 15per cent of retired males and 33per cent of retired females in Britain reported dysphonia with two weeks duration, whereas 8per cent of retiree males and 16per cent of female retirees experienced anhedonia for a similar duration. Coursolle, *et al.*, (2006) in another study conducted in California revealed that retirement may create emotional distress for spouses who share highly compatible life views while one or both are still in labour market.

In Nigeria, Salami (2010) conducted a study on the impact of emotional or psychological factors as predictors of wellbeing among 284 retired married men and women (aged 52 – 75 years) from Kwara state. Findings from the research revealed that emotional wellbeing among retirees was influenced by physical health, financial entitlement, retirement status, gender, marital quality, optimism, and frequency of social contact. These findings corroborate the work of earlier researchers (Gall, *et al.*, 2000; Van-Solinge&Henkens, 2005; Taylor, *et al.*, 2008) who found that retirees' emotional wellbeing is embedded in some prior contextual issues that bring changes in retirement life. Kim and Moen (2002) specifically argued that retirees who enjoy greater physical health and have

more financial resources are more likely to have better emotional well-being in retirement while those whose health declines during retirement are more likely to experience a decrease in their emotional well-being.

Social relationships (Social wellbeing)

Social relationships appear to be an important part of all our lives and can have critical implications for retirees' well-being. According to Settersten and Angel (2011), older retirees often rely on getting both social and emotional support from family members and friends. The hierarchical compensatory model also proposed that older people have a rank-ordered preference for receiving support from others (Cantor, 1979). Most of them will turn first to family members and turn to others only when kins are unavailable. Cantor (1979) further specified that people prefer to receive support from their spouse followed by children, other relatives, friends, professional colleagues, or formal organizations. This implies that positive social relationship with spouse, family or friends is a significant factor in the overall well-being of retirees (Antonucci & Jackson, 1987, Felton & Berry, 1992, Lang & Carstensen, 1994).

In a qualitative interview conducted among retirees in the United States, Reichstadt, *et al.*, (2010) revealed that those who found a meaningful way to stay active in society by interacting socially expressed a greater sense of happiness. Some of them also expressed feelings of having been forgotten by their community and were identified to have higher systolic blood pressure readings and cardiovascular issues.

Takashi, *et al.*, (1997) also revealed in the study of patterns of social relationships among 148 Japanese, over the age of 65, that those who lacked supportive functions of the family/friends had lower scores in their wellbeing. In other words, those who were not able to maintain effective relationship patterns with significant others suffered from lower self-esteem and equally lack life satisfaction. In another study conducted in New York, Chen and Feeley (2013) revealed that social support from one's spouse, children, and friends alleviates

loneliness, with spousal support and children exhibiting a much stronger effect than friends' support.

In Nigeria, Aigbodion, *et al.*, (2010) in their study of the influence of social relationships on the well-being of pensioners using 150 retirees in Edo state revealed that social relationships will help increase retirees' feelings of wellbeing and prevent them from going into alcoholism or drug abuses. Underwood (2000) also argued that social relationships help to moderate the emotional and social well-being of individuals because, it involves the receipt, effect, affirmation, and aid from others.

Theoretical Framework

The study was anchored on the Social Comparison Theory which was propounded by Festinger in 1954. This theory is based on the principle of equity and fairness, the notion of equality being derived from the comparison that we make with each other. According to Festinger (1954), humans possess a drive for self-evaluation with relevant others especially when objective means are not available. It, therefore, implies that the ability of the retirees to perceive and establish that their emotional and social relationships are fair or unfair in comparison with others who share relevant attributes such as gender, age, marital status, and educational level enables them to ascertain their level of wellbeing by drawing a comparison of those on the different pension system. This will help in providing the framework for analysis and counselling for clients with specific reference to the pension system and ageing

Methodology

The study adopted multi-stage sampling and purposive sampling in the process of selection of the respondents with the questionnaire and Focus Group Discussion (FGD) as the major instruments for data collection. Firstly, the seventeen local government councils that make up the state were drawn into three clusters; Enugu East, Enugu West, and Enugu North which also represents the three senatorial zones of the state. Thereafter, one local government council (Nsukka, Enugu North, and Orji River) from each of the clusters was purposively

chosen for housing at least one federal establishment or office of Pension Fund Administrators (PFAs) and a state sub-treasury office in its area. Finally, systematic random sampling was used to select 513 respondents (257 for each pension scheme) from the register or list of retirees during their monthly meetings (for those in the new scheme) and pension verification exercise. The selection of respondents was done with a random start to ensure that no respondents in the list or register were left out of the procedure.

In addition, a total number of six FGDs were conducted with male and female retirees (aged 60 years and above) purposively chosen in the selected Local Government Councils (Nsukka, Enugu North, and Oji River). The selection of respondents was based on pension affiliation, willingness to participate, and not being part of the questionnaire sampled. In each session, gender similarity was employed to enable the participants to feel free in the discussion.

Quantitative data collected from the questionnaire were carefully edited to ensure completeness, consistency, or accuracy and then coded and computer processed using the Statistical Packages for Social Sciences (SPSS). Thereafter, the data were analyzed using a frequency table and percentages to describe the socio-demographic characteristics of respondents. Data from the FGD were analyzed in themes. After the process of transcription, phrases with contextual or special meaning were indicated and pulled out as illustrative quotes to support the theme of discussion and also compliment the findings derived from the statistical data.

Study Setting

The study area was Enugu State which is located at a very large expanse of fairly hilly land within southeast Nigeria. The state was created on August 27, 1991, with Enugu as its capital city. Its name was derived from the capital city, Enugu which was established in 1909 as a small coal mining town, but later grew to become the capital of the former Eastern Region of Nigeria (Ministry of Information, 1992).

The state is predominantly occupied by the Igbo ethnic group with some pockets of Igala-speaking communities of Ette in Igbo-Eze

North Local Government Area, Ogurugu, and Ojor in Uzo-Uwani Local Government Area respectively. Economically, the state is predominantly rural and agrarian with a substantial proportion of its working population engaged in farming, although in the urban areas, trading is the dominant occupation followed by services while a small proportion of the population is also engaged in manufacturing activities. Every community in Enugu State has at least one primary and one secondary school, funded and run by the State Government. There are also large numbers of the private nursery, and primary and secondary schools in Enugu State. Nigeria's first indigenous university, the University of Nigeria Nsukka (UNN), is located in Enugu state.

Findings

Socio-demographic characteristics of respondents

Table 1

Distribution of respondents by gender

Sex	Defined benefit plan	Contributory pension scheme	Total
Male	387 (70%)	332(59%)	718(64.4%)
Female	166(30%)	231 (41%)	397(35.6%)
Total	553 (100%)	563 (100%)	1,116 (100%)
Age (years)			
60-64	148(26.8%)	217(38.5%)	365(32.7%)
65-69	115 (20.8%)	206 (36.6%)	321(28.8%)
70-74	126(22.8%)	97 (17.2%)	223(20%)
75-79	95(17.2%)	22(3.9%)	117(19.5%)
80 and above	69(12.5%)	21 (3.7%)	90 (8.1%)
Total	553(100%)	563 (199%)	1,116 (199%)
Marital Status			
Married	360 (65.1%)	414 (73.5%)	774 (69.4%)
Single	23 (4.2%)	35 (6.2%)	58 (5.2%)
Separated	21 (3.8%)	23 (4.1%)	44(3.9%)
Divorced	28(5.1%)	17(3.0%)	45(4%)
Widowed	121 (21.9%)	74(13.1%)	195(17.5%)
Total	553 (100%)	563 (100%)	1,116(100%)

Educational qualification

Masters degree and above	82 (14.8%)	136 (24.2%)	218 (19.5%)
first degree/equivalent	156 (28.2%)	161(28.6%)	317 (28.4%)
OND/NCE	45(8.1%)	64(11.4%)	109 (9.8%)
SSCE/GCE/NECO	69(12.5%)	83(14.7%)	152(13.6%)
FSLC	190 (34.4%)	114(20.2%)	304 (27.2%)
No formal education	11(2%)	5(0.9%)	16 (1.4%)
Total	553 (100%)	563(100%)	1,116 (100%)
African Traditional Religion (ATR)	10(1.8%)	10(1.8%)	20(1.8%)
Christianity	535 (96.7%)	550 (97.7%)	1,085(97.2%)
Islam	6(1.12%)	3(0.5%)	9(0.8%)
Others	2(0.4%)	0(0.0%)	2(0.2%)
Total	553 (100%)	563(100%)	1,116 (100%)

Current pension benefit/income per month (₦)

Below 20,000	105(19%)	64(11.4%)	169(15.1%)
21,000-40,000	187(33.8%)	133(23.6%)	320(28.7%)
41,000-60,000	109(19.7%)	178(31.6%)	287(25.7%)
61,000-80,000	101(18.3%)	84(14.9%)	185(16.6%)
81,000-100,000	23(4.2%)	47 (8.3%)	70(6.3%)
Above 100,000	28(5.1%)	57(10.1%)	85(7.6%)
Total	553(100%)	563 (100%)	1,116(100%)

Results from the table indicated that the majority of the respondents (64.4%) were males and mostly affiliated with the Defined Benefits system while 35.6per cent were females and mostly in the Defined Contributory pension scheme. It may also not be unconnected with the fact that women are late entrants into the labour market as many of the women before the 1970s or thereabout were mainly housewives. The distribution of respondents by age shows that respondents between the ages of 60-64 years constituted the greatest proportion in both the Defined Benefit System and Contributory pension schemes with 26.8per cent and 38.5per cent respectively, followed by those between the ages of 65-69 which constituted 20.28per cent, and 36.6per cent,

respectively. Similarly, respondents within the age group of 70 – 74 years were 20% in both the Defined Benefits and Contributory pension system while others within 75 – 79 years accounted for 10.5per cent of the sample. Finally, those between the ages of 80 years and above were the least(8.1%) of the sample in both pension schemes. This implies that the study was purely reserved for respondents who have attained 60 years and above since retirement or at the time of retirement.

The distribution of respondents by marital status reveals that the majority (69.4%) of the respondents in both pension schemes were married while 5.2per cent, and 3.9per cent were single and separated respectively. Finally, 4.0per cent, and 17.5per cent of the respondents were divorced and widowed.

On the educational qualification of respondents, 1.4per cent of the respondents in both pension schemes had no formal education while 27.2per cent, had primary school leaving certificates. Respondents with secondary education certificates constituted 13.6per cent whereas 57.7per cent possessed high educational certificates (OND/NCE, First degree/equivalent, and master's degree/above). . Again, on the religious affiliation of respondents, the results indicated that an overwhelming majority of respondents (97.2%) in both old and new pension schemes were Christians, 1.8per cent belong to the African Traditional Religion (ATR), 0.8 per cent were Muslims while 0.2 per cent did not indicate any religious affiliation. Finally, respondents' distribution according to their current pension benefit/income per month shows that out of the total sample, a greater proportion (28.7%) earned ₦21,000 – ₦40,000, 25.7per cent earned between ₦41,000 – ₦60,000, 16.6 per cent earned ₦61,000 – ₦80,000 while 15.1per cent of the respondents earned below ₦20,000 per month. Finally, 6.3per cent of the respondents had their income per month between ₦81,000 – ₦100,000 while 7.6per cent earned above ₦100,000.

Emotional wellbeing

Again, to ascertain the level of the emotional well-being of respondents, the following questions were asked; (a) Since your retirement, to what degree do you feel happy? (b) Do you sometimes worry so much that you can't sleep? (c) Do you think that as a retiree, you are less useful?

Thus, the study examined relationships existing between some emotional well-being variables and retirees' pension schemes as displayed in the tables below.

Table 2

Distribution of respondents by the degree to which they express happiness

Responses	A pension scheme Affiliated to		Total
	Defined Ben. scheme	Cont. pension scheme	
Very often	138 (41.4%)	195 (58.6%)	333 (100%)
Often	169 (44.5%)	211 (55.5%)	380 (100%)
Not very often	18 (59%)	110 (41%)	268 (100%)
Rarely	72 (63.7%)	41 (36.3%)	113 (100%)
Not at all	16 (72.7%)	6 (27.3%)	22 (100%)
Total	553 (49.6%)	563 (50.4%)	1,116 (100%)

Source: *Field survey, 2021*

Table 2 above presents respondents' distribution by the degree to which they express happiness which serves as one of the indices for assessing the emotional wellbeing of retirees. It shows that of all the respondents that indicated: 'very often' or 'often' respectively, 58.6 per cent, and 55.5 per cent were in the Contributory pension scheme while 41.4 per cent, and 44.5 per cent were in the Defined Benefits scheme. On the other hand, of all those that indicated 'not very often', 'rarely' or 'not at all', 59 per cent, 63.7 per cent, and 72.7 per cent were in the old Defined Benefits system while 41 per cent, 36.3 per cent, and 27.3 per cent were in the new Contributory scheme. It does appear that the continued inability of the government to fulfill its obligation in pension matters may be the major reason why most retirees

of the Defined Benefits scheme tend to express unhappiness over their situation. An FGD participant of the Defined Benefits system in Nsukka corroborated this view thus; ‘when you don’t have money, you cannot be happy; I am not satisfying the needs of my family because the government has refused to pay my pension regularly. Similarly, another participant in Oji River stated thus;

I have come to understand that despite the difficulties and frustrating life challenges since my retirement, I have chosen as a matter of necessity to make myself happy due to the health benefits. This is because I have realized that being angry or quarrelsome will trigger my level of blood pressure and even cause me to die.

Furthermore, respondents were asked to indicate whether they sometimes worry so much that they cannot sleep. Figure 1 below presents the respondent’s opinion on this issue.

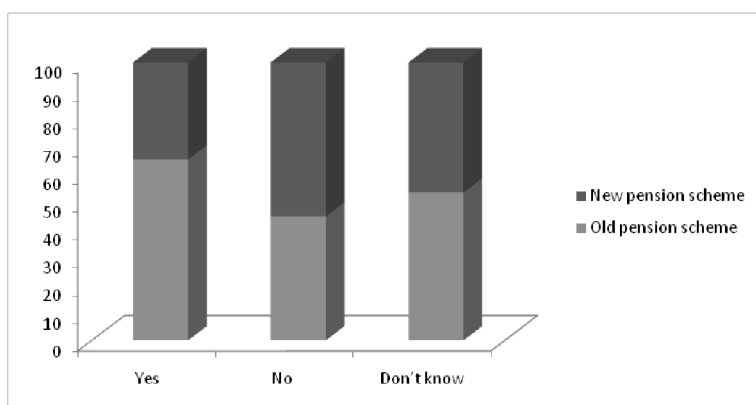


Fig. 1 : *Respondents’ opinion on whether they sometimes worry so much that th*

Data from the above figure reveal that more of the respondents (65.1% and 53.2%) in the Defined Benefits system indicated being constantly worried and sometimes cannot sleep compared to others (34.9% and 46.8%) in the Contributory scheme.

Furthermore, respondents’ view was sought to know whether no one cares much about what happens to them. The responses were presented in Figure 2.

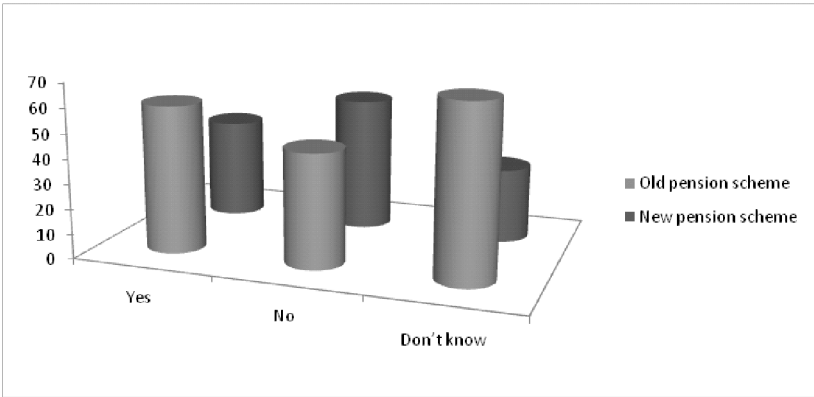


Fig. 2: Respondents’ view on whether no one cares about what happens to them

Source: FieldSurvey, 2021

Information from the above figure (Fig.2) shows that 54.1per centof respondents in the Contributory pension scheme and 45.9per cent of those in the Defined Benefits system disagreed with the assertion that no one cares about what happens to them. However, 59.6per cent, and 40.4per cent of respondents in both schemes had a contrary view while 69.9per cent, and 30.1 per cent declined comments. This also aligned with the views of many FGD participants. A female participant in Enugu North stated: ‘the cost of not meeting up with my needs has caused a kind of irritation to my life and my children have pointed it out.

Finally, the overall assessment of retirees’ emotional well-being was presented in Table 3 below. Respondents whose responses were; ‘very often,’ ‘often’, ‘no’ etc were taken to have high emotional well-being while those whose responses were; ‘not very often,’ ‘rare’, ‘not at all,’ ‘yes’, ‘don’t ‘know’, etc were taken to have low emotional wellbeing. Thereafter, the data were cross-tabulated.

Table 3*Assessment of retirees' overall emotional wellbeing*

Overall emotional wellbeing	A pension scheme Affiliated to		Total	Statistics
	Defined Ben. scheme	Cont. pension scheme		
High emotional wellbeing	433 (47.6%)	476 (52.4%)	909 (100%)	$\chi^2 = 19.23$
Low emotional wellbeing	120 (5%)	87 (42%)	207 (100%)	df = 1
Total	553 (49.6%)	563 (50.4%)	1,116 (100%)	p < .005

Source: *Field survey, 2021*

From Table 3 above, it was observed that out of all the respondents that indicated to have high emotional wellbeing, 52.4per centwere in the Contributory pension scheme while 47.6per centwere attached to the Defined Benefits system. On the other hand, 58per centof respondents in the Defined Benefits scheme indicated low emotional well-being as against 42per centin the Contributory system who made a similar indication. It does appear that this high level of emotional wellbeing recorded by respondents in the Contributory system could be attributed to the lump-sum payment that beneficiaries enjoy immediately after retirement and the social support from their respective pension fund administrator (PFA), especially in their customers' forum that comes up intermittently from one zone to the other. Conversely, the low emotional well-being of respondents in the Defined Benefits system may be drawn from their regular experiences with verification exercises conducted from time to time and how they would meet up with their financial pressure.

A female participant in the Defined Benefits system in Enugu North in agreement with the above finding unequivocally stated:

What a situation where a retiree in the hospital bed was brought to the verification centre with a palate instead of the officer going to the hospital to verify him/her? It is horrible. Many of our

colleagues have died as a result of depression/experience similar circumstances.

Similarly, another male participant in Oji River expressed his opinion this way:

I am continually depressed: A situation where you sacrificed your life to serve your country, and you are treated like an animal, what do you expect from me? When I retired, all my benefits were not paid to me for seven good years, and I have children to take care of. Moreover, verification is done daily which they use as an avenue to siphon our money.

On the contrary, a participant attached to the Contributory pension scheme in Enugu North had this to say;

I am satisfied with what I collect as a pension. I am never depressed rather I try to manage whatever I have. The whole thing depends on the state of your mind, that is, the way you look at the world. I am always positive since my retirement and that is what is sustaining me.

Furthermore, analysis shows that there is a statistically significant relationship (χ^2 19.23, $df = 1$, $p < .005$) between retirees' emotional well-being and pension scheme affiliated to.

Social relationship

To assess the level of social relationships of respondents, the following questions were asked; (a) How often do you meet or speak on phone with your children, family members, and friends? (b) How much can you rely on your children, family members, and friends if you have serious problems? (c) How much can you open up to your children, family members, and friends if you need to talk about your worries? (d) How much do your children, family members, and friends criticize you?

Thus, the study examined relationships existing between some social well-being variables and retirees' pension scheme affiliation as presented in the tables below.

Table 4

Distribution of respondents by the rate they meet or speak on phone with children, family members, and others

Responses	A pension scheme Affiliated to		Total
	Defined Ben. scheme	Cont. pension scheme	
Very often	182 (43.2%)	239(56.8%)	421 (100%)
Often	201 (45.8%)	238(54.2%)	439(100%)
Not very often	86(65.2%)	46(34.8%)	132(100%)
Rarely	43 (57.3%)	32 (42.7%)	75(100%)
Not at al	41(83.7%)	8(16.3%)	49(100%)
Total	553 (49.6%)	563 (50.4%)	1,116 (100%)

Source: Field survey, 2021

Table 4 above shows that among the respondents that indicated meeting or speaking with their children, family members, and friends, ‘very often’ and ‘often’ respectively, 56.8per cent, and 54.2per centwere in the Contributory pension scheme while 43.2per cent, and 45.8per cent were in the Defined Benefits scheme. More of the respondents in the Defined Benefits scheme, however, indicated not meeting or speaking with the children, family members or friends frequently like those in the Contributory pension system. This may be attributed to poor income which seems to be more pronounced among retirees of the Defined Benefits scheme. A male FGD participant of the DBS in Nsukka stated thus;

Most of my children are not at home. In most cases, I would like to call or talk with them but I wouldn’t have enough money to recharge my phone to be in constant touch. This situation tends to strain my relationships with my children and other family members. You also know that once you don’t have money any longer, friends and relations may run away.

Again, respondents’ opinion was ascertained to know the level of reliability when counting on children, family members, friends, and others. This is shown in Figure 3.

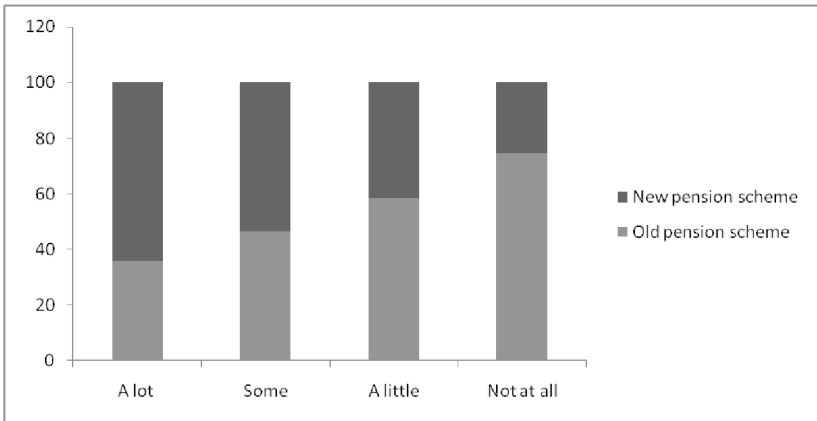


Fig 3 : *Respondents' view on the degree of reliability when counting on children, family members, friends, and others*

Source: *Field survey, 2021*

From the above figure (Fig.3) it was observed that more respondents (64.1% and 53.6%) in the Contributory pension scheme receive high social support from children, family members, and friends than their colleagues in the Defined Benefits scheme. It does appear that this group displayed high reliability on their children and significant others assuming they have a serious problem. A female FGD participant of the Contributory pension scheme in Enugu North had this to say:

I get maximum support from my independent children and some relations that I helped when I was in service. To be emphatic, I have helped many people both among my relations and others to get jobs. I thank God today, that they have not forgotten me. If I had relied on my pension alone, I would have died.

Respondents' opinion was also sought to know how much they can open up before the children, family members, and others if they want to relay their worries. The responses are presented in Table 5 below.

Table 5

Distribution of respondents by the rate at which they share their worries with children and others

Responses	A pension scheme Affiliated to		Total
	Defined Ben. scheme	Cont. pension scheme	
A lot	202 (45%)	249 (55%)	451 (100%)
Some	111(46.1%)	130 (53.9%)	241(100%)
A little	213(54.9%)	175 (45.1%)	388(100%)
Not at all	27(75%)	9(25%)	36 (100%)
Total	553 (49.6%)	563 (50.4%)	1,116 (100%)

Source : *Field Survey, 2021*

It was captured from the above table (Table 5) that a considerable percentage (55% and 45%) of respondents in both pension schemes admitted sharing their worries with children, family members, and others ‘a lot’, 53.9 per cent, and 46.1 per cent admitted sharing it ‘to some extent while 45.1 per cent, and 54.9 per cent said ‘a little’. Nevertheless, 75per cent, and 25per cent of respondents in both schemes stated that they do not open up at all.

Equally, during the FGDs, many participants in both pension schemes admitted that they share information with their children, family members, and others especially when they are worried. A female participant in Enugu North remarked: ‘I helped many people to secure employment when I was in service, whenever we are not paid our pension entitlements for 2 – 3 months, I do call them and they do not hesitate to assist. Similarly, another male participant in Nsukka had this to say: ‘once’, I am pressed, I make my people know, some of my brothers and relations try to see with me by helping in one way or the other, at home, they know, I’m no longer working. A female participant in Oji River who toed the same view remarked: ‘sharing one’s worries with someone instead of keeping it within oneself breeds happiness and check hypertension which is now the most stress-related ailment everywhere today.

In addition, respondents’ view was sought to ascertain the degree of attack or criticism from children, family members, and others as presented in Table 6.

Table 6
Distribution of respondents by the degree of attack or criticisms received from children, family members, or others

Degree of criticism /attack	A pension scheme Affiliated to		Total
	Defined Ben. scheme	Cont. pension scheme	
A lot	40 (54.1%)	34 (45.9%)	74 (100%)
Some	115 (73.7%)	41 (26.3%)	156 (100%)
A little	286 (48.3%)	306 (51.7%)	592 (100%)
Not at all	112 (38.1%)	182 (61.9%)	294 (100%)
Total	553 (49.6%)	563 (50.4%)	1,116 (100%)

Source: Field survey, 2021

Information from the above table (Table 6) reveals that many respondents in both pension schemes do receive criticisms from children, family members, or others at different points in time. 54.1per cent, and 73.7per cent of those in the Defined Benefits system mentioned ‘a lot’ and ‘some’ respectively as against 45.9per cent, and 26.3per cent of those in the Contributory system who made a similar revelation. Similarly, 51.7per cent of respondents in the Contributory scheme and 48.3per cent in the Defined Benefits scheme mentioned ‘a little’ while 61.9per cent and 38.1per cent in both schemes indicated ‘not at all

In the views of many participants during the FGD sessions, the level of criticism or attack depends on the relationships existing before retirement. A male participant in Enugu North remarked,

my children and family members sympathize with me especially when I don’t have money. They all knew that when the going was good, they all enjoyed it. In any case, I am still the breadwinner. They all still look unto me.

Thereafter, the researcher made effort to ascertain the overall social well-being of respondents as depicted in Table 7 below.

Respondents whose responses were ‘very often’, ‘often’, ‘a lot’, ‘some’, ‘yes’ etc were classified as high social well-being while others whose responses were ‘not very often’, ‘rarely’, ‘not at all’, ‘a little’, ‘don’t know, etc were classified as low social wellbeing. The data were then cross-tabulated.

Table 7
Assessment of retirees’ overall social wellbeing

Overall social wellbeing	A pension scheme Affiliated to		Total	Statistics
	Defined Ben. scheme	Cont. pension scheme		
High social wellbeing	424 (47.2%)	475 (52.8%)	899 (100%)	$\chi^2 = 10.55$ df = 1
Low social wellbeing	129 (59.4%)	88 (40.6%)	217 (100%)	
Total 553 (49.6%)	563 (50.4%)	1,116 (100%)	p< .005	

Source: *Field survey, 2021*

Table 7 above depicts the overall assessment of respondents’ social well-being. Results from the above table reveal that more respondents (52.8%) in the Contributory pension scheme demonstrated having high social well-being as against 47.2per centof respondents in the Defined Benefits system. On the contrary, 59.4per cent of respondents in the Defined Benefits scheme exhibited low social well-being as against 40.6per cent of those in the Contributory scheme. It does appear that respondents in the Contributory pension scheme because of being in a more comfortable financial situation can maintain a high degree of social relationship just like the periods that they were still in service. On the other hand, it also appears that respondents of the Defined Benefits system were unable to maintain a reciprocal financial relationship with both their children, family members, and friends because of low pension income and in the end, tend to be abandoned by relatives and friends/others.

The majority of the FGD participants in the Defined Benefits scheme maintained that most of their friends and relatives no longer visit them because of their deteriorating financial situation. A male participant in Nsukka remarked thus; ‘it is during retirement that you will know your real friends and relations; ... only very few people will come close to you when the pasture is dried’. Another female

participant in Enugu North had this to say: 'I cannot maintain a good social relationship with my children, relations, and friends because I cannot fulfill my financial obligation; my children have pointed it out and I am ashamed of myself.

Discussion

The study investigated the emotional and social well-being of retirees in the Defined Benefits and Contributory Pension schemes in Nigeria. The quantitative and qualitative methods of data gathering were employed in the collection of data from respondents. The study findings revealed that even though, a pension serves as a powerful source of income for retirees, many of the respondents have had ugly experiences and emotional trauma for irregularity in payments or inability to access their money after retirement. The experience was revealed among respondents of both pension systems although more pronounced among retirees of the Defined Benefits scheme. The finding is in tandem with the submission of Yaya (2008) in the literature that Nigeria's ruling class has over the years, refused to pay pensioners as when due under the guise of a paucity of funds while the country has been raking in millions of dollars from the sales of crude oil alone.

As for the emotional well-being of retirees specifically, the study found that the degree of happiness or rate at which individuals get worried or become sad occasioned by problems in pension provision increases the vulnerability of the retiree to adverse consequences of low emotional wellbeing. This notwithstanding, a considerable percentage of respondents (51.4%) for those in the Defined Benefits plan and 48.6 per cent (for those in the Contributory pension scheme) still expressed optimism about their prospects. Many of the respondents were also of the view that other people including their children, family members, and friends still care for them or share their worries. In other words, the overall assessment of respondents' emotional well-being shows that 52.4 per cent of respondents in the contributory pension scheme expressed higher emotional well-being than their counterparts in the Defined Benefit system which constitutes 47.4 per cent. Chapell, *et al.*, (2003) observed in the literature that

symptoms of such emotional trauma may include loss of pleasure, sleep disturbance, appetite disappearance, loss of energy, difficulty in concentration, low self-esteem, and suicide thoughts amongst others.

One explanation for the heightened effect of such depression on the part of our seniors according to the findings of the study is the high level of humiliation and suffering experienced by retirees in Nigeria, especially during the verification exercise and assessment of entitlement with pension fund administrators (PFAs). Similarly, data from FGD in both pension schemes supported the above finding. Some of the participants argued that the system of verification of pensioners in Nigeria has accounted for the death of many senior citizens because of some unnecessary requirements imposed upon them during the exercise; coupled with the fact that the verification centres are mostly cited at the federal or state capital.

On the social well-being of retirees, the study discovered such factors bordering on the rate in which the retirees meet or speak on phone with children, family members, and friends, level of reliability, criticisms or assistance received from children and others as the most germane social factors for their social wellbeing. These factors as Bowling, *et al.*, (2007) noted reflect the needs of the retirees for social network, support, and engagement. A greater proportion (55% and 45%) of respondents in both pension schemes indicated relating with their children, family members, and others to share their worries irrespective of the level of criticism or attack on them. Thus, the overall assessment of respondents' social well-being shows that respondents of the Defined Benefits system have low social well-being (59.4%) as against 40.6 per cent of others.

One explanation for this may be the inability of respondents in the Defined Benefits system to maintain or sustain a reciprocal relationship with relatives, family members, friends, and others because of the low income received as pension entitlement. This finding is also consistent with the submission of Ginika (2010) in the literature that an individual's relationship and support from someone of close tie would be seen as requiring reciprocity which is likely to worsen the feelings of well-being when the pension income is low. Taylor and

Doverspike (2003) in the literature also noted that integration with family members and friends after retirement could facilitate high social well-being. This is particularly important because social networks developed while in the workforce have been suddenly removed.

The majority of the FGD participants also maintained that most of their friends and relatives no longer visit them while others stated that the current economic pressure has resulted to many of their young ones and family members migrating to the cities.

Conclusion

The study has explored the emotional and social well-being of retirees in the Defined Benefits and Contributory pension schemes in Enugu State. The results indicated that the increased risk or problems related to the social and emotional state of retirees differ according to the pension scheme the individual is affiliated with. The analysis of the study findings revealed that retirees in the Contributory pension system in Enugu State displayed a higher level of emotional and social wellbeing compared with their colleagues in the Defined Benefits scheme. It is however necessary that government agencies, private organizations, social work practitioners, and the general public should quickly rise to the challenges of Nigerian retirees in their separate responsibilities and make retirement not be seen as a death warrant for the seniors. In other words, there is the need to integrate the retirees in the subsequent development and modification of the pension systems in Nigeria to attain equity in the socio-economic provisions, health services utilization, and other indices of wellbeing provisions as obtained in developed countries. This will undoubtedly stem from the inherent anger vented out on government and employers of labour by the senior citizens due to their frustrations and suffering.

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Wisdom as a predictor of Psychological well-being and Adjustment in Older Adults

Indumati, V R, and Rajeshwari Kenchappanavar

Department of Psychology,

Karnataka University, Dharwad (Karnataka)

ABSTRACT

The present study aimed to explore how wisdom influences the psychological well-being and adjustment of older adults. The sample consisted of 102 older adults (57 male and 45 female), aged between 60 to 75 years. The Self-Assessed Wisdom Scale (Webster, 2003), Psychological Well-being Scale (Sisodia, and Choudhary 2012), and Social Adjustment Scale for the Aged (Sisodia, and Khandelwal, 2010), were used to measure Wisdom, Psychological well-being and Adjustment, respectively. These scales were administered individually and responses were collected. Data were analyzed using structural equation modeling. The results showed that wisdom predicts psychological well-being and Adjustment in older adults.

Keywords: Wisdom, Psychological well-being, Adjustment, Structural Equation Modeling.

The world is witnessing rapid ageing and many studies through decades have shown that older adults experience physical social and psychological problems. Of course, old age is the last stage of life

but every year added to life adds some knowledge, every experience teaches how to face difficulties, and ways to cope and lead a life better. Wisdom plays an important role in one's life, especially in the life of older adults. Because wisdom act as a psychological resource for quality of life (Chen, *et al.*, 2021). About the impact of wisdom on one's life Dalai Lama and Howard, C. Cutter (1998) state that wise people always live their lives in such a way that it benefits themselves, others, and society at large. They live their daily life in a better way than compared to others. (Sternberg, 1998, Baltes, and Staudinger, 2000). It is because wisdom helps individuals to understand themselves and others and enables them to master the situation and learn new useful things from every experience of life whether bad or good (Ardelt, 2004; 2005; Judith and Susan, 2014; Webstrate & Gluck, 2017). Old age is often intertwined with wisdom or at least a great amount of life experiences. Age was also nominated as one of the wisdom determinants, considering it only appears after a spiritual awakening in elderly age (Sternberg & Jordan, 2005).

Wisdom and psychological well-being

The concept of Wisdom is gaining increasing attention in empirical research in recent years, especially in gerontology and psychology. Although some people view wisdom as a more cognitive concept and define it in terms of deeper and broader knowledge in Ardelt's (2004) view wisdom is a combination of cognitive, reflective, and pro-social attributes," Age is seen as one of the factors affecting the wisdom level with the assumption that an individual will have more life experiences that are more likely to be wiser than the younger generation.

According to a famous quote, "Nothing is more beautiful than a smile that has struggled through years and tears" and "The happiness of your life depends on the quality of your thoughts," by Marcus Aurelius (Aurelius, M. 1894) emphasizes the importance of ageing and the hardships undergone in life that make a person happier. Concerning this Taylor, *et al.*, (2011) conducted an online survey of 176 Australian participants aged between 18 to 68 years and concluded that Wisdom predicts psychological well-being. Monica, A. and Dilip,

V. J.(2018) in their study on 994 older adults aged 51 to 99 years (Mean age = 77) examined whether wisdom reduces the impact of adverse life events of previous years and enhances current well-being and concluded that wisdom appears to strengthen older adults' ability to cope with ageing-related losses and therefore it is a valuable psychological resource in old age. Judith, and Susan, (2014) research on the correlation between wisdom and psychological well-being stated that wisdom is a positive indicator of well-being. Bergsma and Ardelt (2012) conducted a cross-sectional internet survey of 7037 respondents and tried to examine the relationship between wisdom and hedonic happiness and concluded that wisdom, particularly reflective wisdom, was positively related to hedonic happiness, especially for people with lower levels of education. Webster, *et al.*, (2014) researched 512 adults aged 17 to 92 years and assisted the relationship between mental health (emotional psychological social well-being), and the vision revealed that wisdom is positively related to mental health above and beyond certain demographic and personality characteristics.

Wisdom and Adjustment

The path of wisdom is full of physical and mental hardships. Before facing challenges our perspective of life was different. But once we understand the truth of life our perspective of life changes slowly and makes us more emotionally and socially mature individuals which in turn positively impacts their adjustment to life. They feel happy and satisfied with their life. Suffering helps the development of wisdom. (Weststrate, & Gluck, 2017b). Because they change the priorities in life, develop the ability to see the positive side of situations and increase personal strengths, and sympathy for others. Emotional regulation as one of the dimensions of wisdom helps an older adult to cope better with situations. It is revealed in the research conducted by Brummer, *et al.*, (2014) that aimed to explore emotion regulation styles across the adult lifespan of 317 younger, 175 middle-aged, and 85 older adults. Results indicated that compared to younger adults' older adults use suppression as one of the emotion regulation strategies which help them to experience less anxiety and stress. Humour as another key indicator of wisdom predicts health

because laughter has a role in stress, pain, and blood pressure reduction, and improves mood and immunity (Hassed, C., 2011). Damianakis, and Marziali, (2010) conducted an exploratory study to examine contextual experiencing humor by community-dwelling older adults. They have analyzed four types of experienced humor laughing at one's self, and life's uncontrollable circumstances which were adaptive for coping with the inevitable losses that accompany the aging process. Krause (2016) conducted a study on 1535 older adults who participated in a nationwide survey and concluded that wisdom and humility relate positively to life satisfaction. The study also revealed that humility and life satisfaction is stronger for wise people.

Method

The objective of this study was to see the influence of wisdom on the psychological well-being and adjustment of older adults. Keeping in mind the aim of the study following hypotheses were generated:

1. Wisdom is a significant predictor of psychological well-being and adjustment among older adults.
2. There is no significant difference between male and female older adults concerning wisdom, psychological well-being, and adjustment.

Sample

102 older adults aged between 60 to 75 (57 male and 45 female) were selected by purposive sampling method from different areas of Karnataka state.

Tools used

1. **The self-Assessed Wisdom Scale** (Webster, 2003) measures five components of wisdom: openness, emotional regulation, humor, critical life experience, and reminiscence and reflectiveness. It consists of 40 items presented with a 6-point Likert scale from "strongly disagree" to "strongly agree." The internal consistency reliability coefficient of the SAWS is (Cronbach alpha) is 0.90. Content validity was supported by surveying related literature and by gathering

opinions from experts. The Concurrent validity of the scale is also good because it is positively related to ego integrity, forgiveness, personal well-being generativity, and positive psychosocial values.

2. **Psychological well-being scale** (Sisodia & Choudhary 2012). This is a 50 item self-report scale that measures five components of psychological well-being: satisfaction, efficiency, sociability, mental health, and interpersonal relation. It consists of 50 items presented with a five-point Likert-Scale ranging from 5 (strongly agree) to (strongly disagree). The Reliability of the scale was determined by a test-retest method which was 0.87 and the internal consistency method which was 0.94. The scale was validated against the external criteria and the Coefficient obtained was 0.94.
3. **Social adjustment scale for the aged** (Sisodia, and Khandelwal 2010). This is a 50-item self-report scale that measures five components of social adjustment: family, spouse, interpersonal relations, health, and finance. It consists of 50 items presented with a five-point Likert-Scale ranging from 5 (strongly agree) to 1 (strongly disagree). The Reliability of the scale was determined by a) Test-Retest method which is 0.80 and internal consistency method and the values are 0.75, 0.70 0.64 0.85 and 0.60 for Family, Spouse, Interpersonal Relations, Health, and Finance dimensions respectively. The scale was validated against the external criteria and the Coefficient obtained was 0.70.

Statistical analysis

Analysis of the data was done according to the aim and objective of the research study. Data were analyzed using structural equation modeling to see whether wisdom predicts psychological well-being and adjustment among older adults. A t-test was carried out to find the gender differences between male and female older adults concerning wisdom, psychological well-being, and adjustment among older adults.

Results

Table 1

Psychometric properties, Means, Standard Deviations, and Maximum Scores of Wisdom Adjustment and Psychological well-being.

Questionnaire	K	M	SD	Max Score
Wisdom	102	166	31	240
Adjustment	102	166	19	250
Psychological well-being	10	181	31	250

K= number of items, M= Mean, SD= Standard Deviations

Table 2

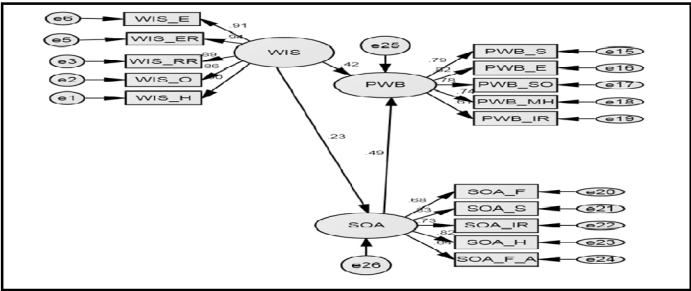
Fit Indices for Wisdom Adjustment and Psychological well-being

Model	X 2/df	GFI	AGFI	CFI	RMSEA
Structural equation model	2.02	0.908	0.835	0.910	0.015

Note: N = 102, GFI=Goodness-of-fit statistics AGFI= Adjusted goodness-of-fit statistics; CFI= Comparative fit index; RMSEA= root mean square error of approximation.

Figure 1

Structural equation modeling linking the latent variables wisdom, psychological well-being, and adjustment



The structural Equation Modeling technique was adapted to evaluate the relationship among all the parameters under the study. In the SEM method, ensuring the model is very important. According to Joseph, *et al.*, (1998) and Shumacker and Lamax, (2004), specific indices appreciated are chi-

square/df, GFI, AGFI, CFI, and RMSEA and were presented in Table 2. Model fit indicators exhibited a good fit, as chi-square/ d.f< 3, GFI and CFI were greater than 0.9, AGFI were greater than 0.8 and RMSEA is less than 1 between the data and conceptual model (Joseph, *et al.*, 1998).

Structural equation modeling linking the latent variables of wisdom, psychological well-being and adjustment is shown in figure 1. As predicted wisdom influences psychological well-being and adjustment. From table 2 and figure 1 a significant relationship between wisdom psychological well-being and adjustment has been observed. Wisdom has a significant impact on psychological well-being ($B = 0.425$ $p = 0.00$) which indicates a high level of wisdom in older adults enhances their psychological well-being. The figure also depicts that Wisdom is a significant predictor of adjustment ($B = 0.230$ $p = 0.04$), which means the more wisdom the better will be the adjustment among older adults. Further, we can infer that wisdom has more influence on psychological well-being than on adjustment.

Ho2 : There is no significant difference between male and female older adults concerning wisdom, psychological well-being, and adjustment.

Table 3

Shows a summary of the t-test on wisdom, adjustment, and psychological well-being of male and female respondents.

Measures	Male		Female		t- value	P- value	Significance level
	Mean	SD	Mean	SD			
Wisdom	166.10	30.93	166.53	31.26	.921	.340	Not significant
Adjustment	164.05	16.96	167.69	22.26	1.079	.302	Not significant
Psychological well-being	165.54	28.28	200.49	22.12	13.804**	.000	Highly significant

** Significant at the 0.01 level * significant at the 0.05 level.

Table 3 indicates the set of t-tests conducted to assess gender differences in wisdom, psychological well-being, and adjustment. Analyses of the results reveal that there is a highly significant difference in

psychological well-being among male and female elderly (t -value = 13.809 $p < .001$). According to the results, female elderly showed high ($M = 200.49$ $SD = 22.12$) psychological well-being compared to males ($M = 165.54$, $SD = 28.28$). The results also show gender is a significant predictor of psychological well-being 13.8% ($p > .01$ level) among older adults.

Discussion

The primary purpose of the study was to examine the impact of wisdom on the psychological well-being and adjustment of older adults. The results offer a considerable amount of understanding about the predictive ability of different constructs and gender differences in psychological well-being are also observed.

The results confirmed the first hypothesis and indicated that wisdom predicts psychological well-being among older adults which is supported by many studies. Life satisfaction is one of the indicators of psychological well-being and a study conducted by Ardel (1997) on 120 elderly women and men using structural equation models showed wisdom has a positive impact on the life satisfaction of elderly people. Openness to experience as one of the dimensions of wisdom refers to an individual's tendency to be open to new ideas, experiences, and situations. Such people usually enlarge and examine the experience and utilize opportunities for personal growth and development (Schmutte & Ryff, 1997).

Older adults with openness to experience feel that post-retirement is a period that offers freedom of choice and time to pursue the interesting and pleasure-seeking activities which satisfy their psychological needs and enhance life satisfaction.

Individuals with openness to experience can adapt more quickly and effectively to changes (Lepine, *et al.*, 2000). Duberstein, *et al.*, (2003) in their study stated that older adults with openness to experience choose some activities that enhance their health and cope with age-related physical and social challenges. As the results show older adults' Emotional regulation as a key indicator of wisdom plays a role in experiencing positive emotions and adapting to negative circumstances better when compared to younger adults (Marther & Carstensen 2003). Martin (2001) reported that a sense of humor can enhance immunity levels and pain tolerance. Older adults with positive memories have better adjustment and experience high psychological well-being (O'Rourke, *et al.*, 2010)

The present study revealed that wisdom plays an important role in predicting psychological well-being and adjustment among older adults. Significant gender differences exist and it is found that female older adults possess higher psychological well-being compared to male older adults.

Practical implications include intervention programs to promote emotional regulation recalling positive memories open to novel ideas and developing a sense of humor in older adults which enhances health, well-being, greater capacity to adjust to changes in life, and improves their social functioning.

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Affordable Community Living Model for the Senior Citizens : An Indian Context

***Amit Seth¹, Manmeet Bali Nag², Anandajit Goswami³,
Anika Magan⁴, and Anita Prasad⁵***

¹Faculty of Management Studies,

²School of Management and Commerce,

³Department of Social and Political Studies,

⁴ Department of Applied Psychology,

⁵ Department of Economics,

Manav Rachna International Institute of Research and Studies,
Surajkund Road Faridabad, (Haryana),

ABSTRACT

The paper highlights existing elderly policies and implementation in India. Along with elderly policies, the paper also attempts to comprehend various senior citizens' community living models in India and other countries. Following the noble ideas of United Nations Principles for Older Persons, the paper aims to suggest housing facilities that may promote independence among senior citizens to take their own decisions, social participation, access to the educational, cultural, spiritual, and recreational resources of society, and a dignified living free from exploitation and physical or mental abuse. Thus, the paper proposes the most suitable community living model for senior citizens in India. The model highlights the provision of economical living space added with assisted and accessible features like 24×7 medical care, physiotherapy, yoga camps, and other

recreational activities for emotional support and abatement of loneliness.

Keywords: Senior Citizens, Community living model, Elderly policies, NVivo, Ethnography

Globally, with rapid technological and medical advancement, fertility rates are decreasing (UNFPA, 2017). The share of senior citizens is projected to rise from 13.4 percent in 2020 to 21.3 percent by 2050 (LASI, 2020). As a result, many countries are undergoing robust population aging including India (UNFPA, 2017). India has always strived to come out with a social support system for the elderly population. Therefore, the Constitution of India mandates the state to frame provisions for the welfare of senior citizens. Thus, the study aims to understand and acquaint with the running elderly care and living policies in India.

The journey of elderly policies began with the envisioning of the National Policy on Older Persons (NPOp) in 1999 under the aegis of the Ministry of Social Justice and Empowerment (MoSJE). There are many schemes launched after that for the welfare of senior citizens under various ministries like the Ministry of Finance (MoF), the Ministry of Health and Family Welfare (MoHFW), the Ministry of Rural Development (MoRD), and the Ministry of Panchayati Raj (MoPR) to tackle the need of the growing old age population. For the successful implementation of all elderly welfare programs, the Senior Citizens Welfare Fund (SCWF) was implemented in 2016 to finance other schemes for the promotion of the welfare of senior citizens, which are in line with the NPOp, including schemes for promoting financial security, healthcare, and nutrition, the welfare of elderly widows and other innovative schemes directed towards the welfare of senior citizens. Even Rashtriya Vayoshri Yojana is funded through the SCWF. In 2020, the scheme of the National Action Plan for Senior Citizens (NAPSrC) now Atal Vayo Abhyuday Yojana (AVYAY) was initiated to work on major components like financial security, health, shelter, welfare, and protection of the life and property of senior citizens. The motive is to subsume all affirmative schemes for the welfare and well-being of senior

citizens. The programs that were subsumed under the NAPSrC scheme are summarised in Figure 1.

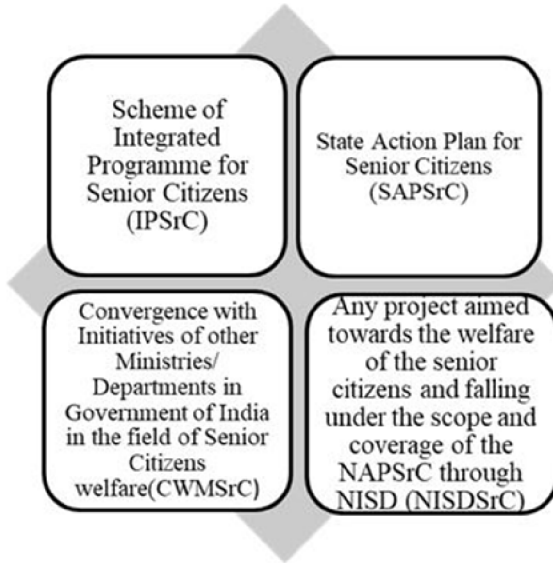


Figure 1: National Action Plan for Senior Citizens- An umbrella scheme for the welfare of senior citizens

Source: Extracted from NAPSrC document

Furthermore, after analyzing the Indian elderly care policies in the domain of health, social, economic, and other necessities, the paper talks about the need for community living in India which is at its nascent stage and the demand for such living is growing faster (Mallick, 2020). The study combines the prevailing various senior-centric community living model running across the nation to map and suggest the best model for senior citizens after comparing it with the global model by looking at several factors such as financial affordability, facilities requirement, locational preferences, accessibility of health treatment and dimensions of living in India. Thus, using survey-based ethnography and collected case incidents from senior citizens, the paper aims to develop an affordable and dignified Indian community living model. Therefore, the research questions that emerged for the study are:

1. What are the facilities available in India as well as in other countries' community living?

2. What are the best factors or facilities suited for the relocation of senior citizens into community living?

Methodology

The type of research is applied, qualitative, and descriptive where the first objective is to describe the government programs or policies related to elderly care. The second objective is to understand the types of services provided by community living in India and abroad to suggest the best model of community living that may be useful for policy-making purposes. The data have been collected from primary and secondary sources. Interviews and observations were the main data collection methods. For collecting primary data various places were visited such as Haridwar, Dehradun, Jaipur, Mathura, and Delhi NCR. The owners of community living belonging to the mentioned places were interviewed to know about the availability of senior-centric amenities. Hence, the ethnography method has been applied to draw conclusions based on observations, interviews, and descriptions of phenomena. Moreover, primary responses have been collected from 1260 senior citizens to know the elderly policy awareness and their expectations. The case incidents were also collected from senior citizens. The purposive sampling technique was used to select respondents. The selected respondents were in the age group of 60 and above. For secondary information, various articles, research papers, and government reports were extracted to learn about the prevailing elderly policies in India. The support of websites was also taken to acquaint with prevailing retirement homes in India as well as in other countries. In addition to this, the case incidents were analyzed by the qualitative software tool NVivo 12 to generate word frequency and the word cloud to understand their key concerns.

Existing elderly care policies in India

In India, the aging population is growing very fast and the statistics reveal that there will be a robust growth from 8 percent in 2015 to 19 percent in 2050 (India Ageing Report, 2017). The policies related to the elderly population got momentum when India became a signatory to all global conferences related to aging followed by the formulation of NPop in 1999. Later on, the formation of the Madrid International Plan

of Action on Ageing (MIPAA) in 2002 was in some way impacted by Indian elderly policies. Moreover, India had started developing partnerships with other countries and international NGOs for the promotion and empowerment of the elderly population. Despite this, Indian elderly policies have the reflection of the World Health Organization (WHO) on Active Ageing, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and work on social-economic implications of aging by the United Nations Population Fund (UNFPA) under the research project- Building a Knowledge-base on Population Ageing in India (BKPAI)⁷. Further, the Indian policy response to aging has also gained momentum from the work of the International Labour Organisation (ILO) on income security & social pensions and the large survey-based data collection for population aging in India under the Longitudinal Ageing Study in India (LASI) and WHO's Study of Global Ageing and Adult Health (SAGE). In addition, the National Policy on Senior Citizens (NPSrC) (2011), the erstwhile NPoP was introduced to promote the protection and welfare of the elderly population. The motive of such policy was to encourage financial and food security, health care, shelter, protection against abuse and exploitation, and the availability of services to improve the quality of their lives (MoSPI, 2021). Thus, the policy is intertwined with six major pillars which are financial securities, healthcare insurance schemes, protection of life and property, trained manpower for assistance, housing, and promotion of an age-friendly society (India Ageing Report, 2017). Therefore, this section analyses the Indian senior citizen policies based on three parameters that are policies related to health care, financial stability, and housing. In India, following the components of the NPoP, four core ministries are taking responsibility for the overall development of aging people. The Ministry of Social Justice and Empowerment is envisioned to work for improving the quality of life and basic amenities. The Ministry of Health and Family Welfare is accountable for implementing the National Programme for Health Care of Elderly in 2010-11 through primary,

1. It is a research project jointly started by The United Nations Population Fund (UNFPA) and India in 2011

secondary, and tertiary services, dedicated to older persons. The Ministry of Rural Development administers the National Social Assistance Programme for promoting old age pensions and family benefits. Lastly, the Ministry of Panchayati Raj is in charge of disseminating empowerment and inclusive development of aging people. Under the aegis of the same scheme, the National Council of Senior Citizens (NCSrC) was also established as the highest body to advise the government in response to elderly welfare policies and implementation. Figure 2 demonstrates various ministries and the core aim under three major social needs of senior citizens.

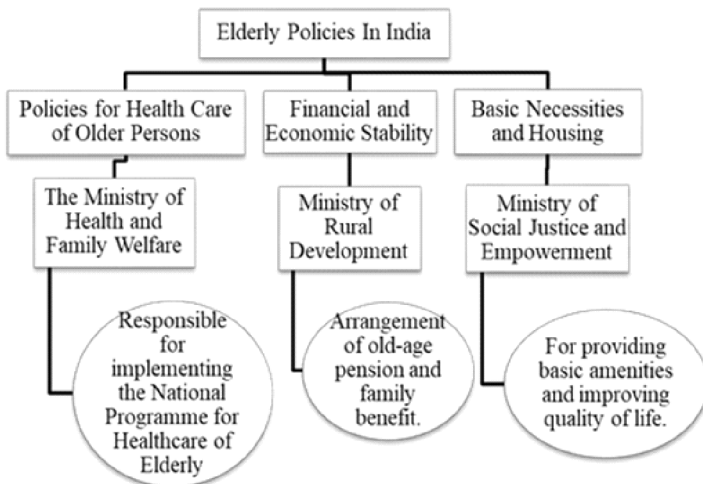


Figure 2: Elderly policies in India

Source: Abstracted from India Ageing Report, 2017

Policies for health care of older persons : For promoting the healthy lifestyle of the older population, the Ministry of Health and Family Welfare (MoHFW) took charge to provide comprehensive and dedicated healthcare facilities at various levels of primary, secondary, and tertiary healthcare. Moreover, National Centre for Ageing (NCA) has been developed as a center of excellence for geriatric care services. The primary and secondary geriatric care services program is spread over 725 districts to provide geriatric OPD, IPD, physiotherapy, and lab services. For tertiary geriatric care

services 19 Regional Geriatric Centres (RGC) are selected from 18 States. It offers specialized OPDs, 30 bedded wards in RGC including earmarking beds in various specialties like urology, orthopaedics, ophthalmology, manpower development, and research activities. The mission to facilitate comprehensive health care is further boosted by the launch of Ayushman Bharat in 2018. This is further complemented by a flagship program of Pradhan Mantri Jan Arogya Yojana (PMJAY) to ensure financial protection against secondary and tertiary care (LASI, 2020). In 1992, the Integrated Programme for Older Persons (IPOP) was launched by the government. Under this scheme, Maintenance of Mobile Medicare Units and Physiotherapy Clinics for Senior Citizens was initiated to provide medical care to senior citizens living in rural, isolated, and backward areas.

Financial and economic stability : For encouraging financial assistance and to make older people economically independent, the Ministry of Rural Development (MoRD) governs the National Social Assistance Programme (NSAP) under which old-age pensions and family benefits are delivered to BPL families. Indira Gandhi National Old Age Pension Scheme (IGNOAPS) was launched in 1995 in which BPL elderly are entitled to a monthly pension based upon the age of the beneficiary. If they are aged between 60 to 79 years, then a monthly sum of INR 200 is offered and for people above 80 years, a sum of INR 500 is credited. Currently, old-age pension beneficiaries receive any amount between INR 200 to INR 2,500 per month depending on the amount granted by the state. Similarly, Indira Gandhi National Widow Pension Scheme (IGNWPS) is developed under the aegis of MoRD, Government of India. The pension is credited into a post office or public sector bank account of the beneficiary and is discontinued if the widow remarries or moves above the poverty line (LASI, 2020). Another pension scheme, Pradhan Mantri Vaya Vandana Yojana (PNVVY) for the elder population was launched in 2017 and is extended up to 31st March 2023. Under the program, on payment of an initial lump sum amount ranging from INR

1, 62,162 a subscriber is eligible for a minimum pension of INR 1000 per month to a maximum amount of INR15, 00,000 for a maximum pension of INR 9,250 per month, subscribers will get a definite pension based on a guaranteed rate of return of 8 percent per annum payable monthly/quarterly/half-yearly/annually (GoI, 2022).

Another scheme to make senior citizens economically empowered is Senior Able Citizens for Re-Employment in Dignity (SACRED). It was launched in October 2021 to provide an employment platform for job-seeking senior citizens. For such an initiative, INR 100 million will be provided for ensuring healthy and empowered living (The Times of India, 2021). Thus, the initiative to make senior citizens economically independent is worthwhile, however, amid growing retail inflation (hovering around 6 to 7 percent), (RBI, 2022), a monthly pension of INR 200 and INR 500 (for people above 80 years) may not make any difference in their quality of life.

Policies for Basic Necessities and Housing : Every individual must be ensured with basic needs like food, clothing, and shelter. To fulfill such a necessity, especially for the elderly population who are 65 and above, the Annapurna Scheme was started in 2000. The benefits of food security can be availed when senior citizens who, although eligible, remain uncovered by the National Old-Age Pension Scheme (NOAPS). Another policy for elderly welfare is Rashtriya Vayoshri Yojana (RVY) under the Ministry of Social Justice and Empowerment. It was launched for senior citizens in 2017. The scheme is destined to provide all the assisted living devices, aids, and facilities free of cost for the disabled elder population. Senior citizens who belong to the BPL category and senior citizens with a monthly income of not more than INR 15,000 are eligible to take the benefits of this scheme. The disability includes age-related disorders such as hearing impairment, low vision, loss of teeth, and loco-motor disabilities. The aids and assistive devices like elbow crutches, walkers/crutches, walking sticks, wheelchairs, tripods/quad-pods,

hearing aids, artificial dentures, and spectacles are provided to eligible beneficiaries. In the direction of fulfilling the basic demands of senior citizens, the Maintenance Act came into effect in 2007. The idea of such a policy is that parents and grandparents who are not able to maintain themselves from their income can demand maintenance from their children, inclusive of food, clothing, residence, medical attendance, and treatment, to a maximum of INR 10,000 per month. In addition to this, the state governments are envisioned to provide old-age homes in each district to accommodate a minimum of 150 senior citizens. Much ahead of NOAPS, the Integrated Programme for Senior Citizens (IPSrC), was introduced to provide basic amenities like shelter, food, medical care, and entertainment opportunities. To encourage active aging and old age homes, Panchayati Raj Institutions/local bodies, educational institutions, Non-Government Organizations, charitable hospitals/nursing homes, etc. are provided with financial assistance. Another policy which is Atal Vayo Abhyuday Yojana (AVYAY), is a centrally sponsored scheme aimed at providing

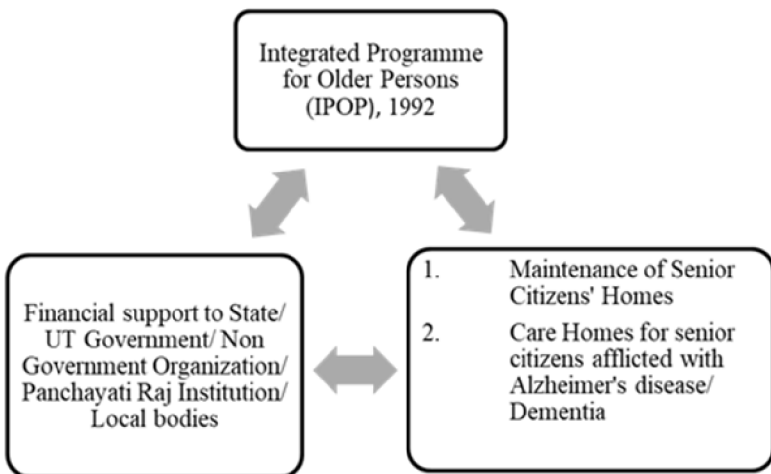


Figure 3: Integrated scheme for Senior Citizens

Source: Extracted from IPSrC document

quality living to senior citizens. This program aims to create a sustainable and secure life for the elder population. Providing food,

shelter, and medical care is another objective of this program to encourage productive and active aging. Further, the scheme addresses strengthening intergenerational relationships through training that is Regional Resource and Training Centres (RRTC's). The gist of elderly policies under the IPSrC is highlighted in Figure 3.

Thus, the Indian government has taken many initiatives in response to the welfare of senior citizens to provide a secure and happy life. Under the National Action Plan for Senior Citizens, there is a provision for Group Housing of senior citizens but it has not been implemented yet. Some agencies like Railway Employees Welfare Association LIC, and the Housing and Urban Development Corporation (HUDCO) have created housing schemes for retirees, but these are limited to a few who can invest their savings in such schemes (Krishnaswamy, *et al.*, 2008). Hence, it is an urgent need to enforce and implement at the earliest. The primary data reveals that 56.35 percent of the total sample size of 1260 senior citizens are saying they are aware of elderly care policies like Indira Gandhi National Old Age Pension Scheme, and tax benefit schemes for

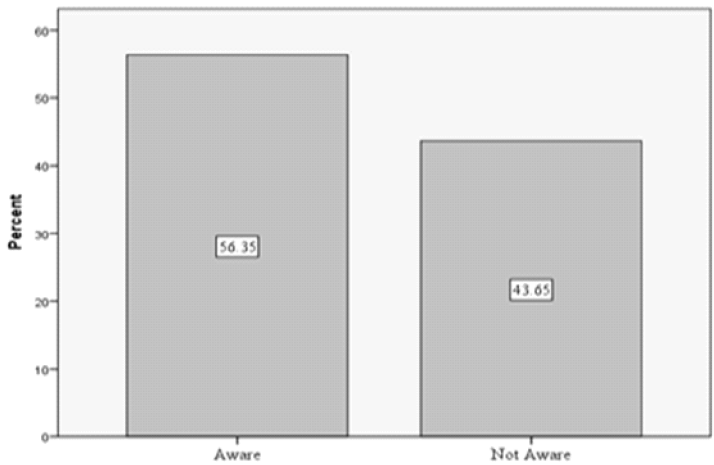


Figure 4: Percentage of senior citizens who are aware of Indian elderly policies

Source: Generated by Authors using primary data

senior citizens(Figure 4). But none of them is aware of Group Housing (flat-lets/ service apartments) for senior citizens and the scheme of senior citizen homes under the aegis of NAPSrC. The awareness statistics could be further enhanced if an awareness campaign related to elderly care is strongly promoted.

Further, national policies related to social security are there but there is nothing substantially implemented or ill-prepared to address emerging elder care needs (Ladusingh & Thangjam, 2021). Moreover, the public expenditure on the health sector is low and there has been a continuous increase in insurance coverage but insurance reimbursements remain low (LASI, 2020). There is also an overlap of national policies that may perplex senior citizens to understand the schemes. Thus, despite subsuming various elderly policies under different programs, integrating if all policies get integrated under a single program or banner then this step will not only remove confusion among senior citizens but also there will be optimum utilization of public funds.

The necessity of community living/ senior living/ retirement homes: The idea of providing a supportive living environment for retired people initially emerged in Florida when Moosehaven was established in 1922 (Haworth Editorial Submission, 1984). In India, senior citizens are opting for independence and companionship. This is because old age is often related to a sedentary lifestyle where they look for some comforts, enjoyment, and spirituality like doing pilgrimages, playing with the grandkids, meditation, etc. (Mallick, 2020). Looking at its growing demand various trustees and private individuals are coming forward to cater to their needs. This is because in earlier times families had the core responsibility to take care of their parents and grandparents. Now the situation has changed as children have to stay away in pursuit of education and career. On the other hand, loneliness and social isolation are most common among senior citizens (Dixit, *et al.*, 2022). The findings reveal that loneliness leads to depression in senior adults which is due to social isolation (absence of interaction and contact

with family, friends, and society) (Ibid). Despite this, there are sections of senior citizens who are financially sound and looking for a living where they could lead an active social life on their terms. Hence, community living is a viable option for them that offers active aging with the companionship of the same age group. Moreover, there are a few case incidents collected during interviews with senior citizens that revealed their loneliness, urge for companionship, and assisted living. For better visualization, the word cloud has been generated from NVivo software, to know the word frequency from case incidents. This is shown in Figure 5.

Case 1

I recently lost my husband and I am living with my son, daughter-in-law, and two grandchildren. They look after me well but all of them are very busy in their life and occupied, so they hardly have time to sit and talk with me. I keep sitting alone in my room and sometimes break down as I wish my husband was there with me.

Rashmi Malhotra, 85

Case 2

I fought cancer. I have to go for my regular medical check-ups and they are so costly. I wish the costs of medical tests would be reduced. My wife and I live in an apartment. Our children have settled abroad. I sometimes feel so lonely and purposeless. I don't feel like doing anything and even have thoughts about dying. Nothing seems to interest me anymore.

D.K. Mehta, 72

Case 3

My son resides abroad and my daughters are married. All of them make sure that we have everything. My husband and I stay all alone in a 2-story building house. We are left on our own to do everything and at times it becomes very exhausting. We don't have so much energy to run, to do every little work. We feel so emotional that we don't have any of our children with whom we can share our troubles.

Nirmal Handa, 62



Source: Generated by Authors

Figure 5 reveals the most frequent words coming out from field-based case incidents. The standard words such as ‘feel’, ‘alone’, ‘husband’, and ‘wish’ are highlighting their desire for companionship and emotional support. They need someone who could stay with them as their children or grandchildren are either staying abroad or engaged in some other work. Thus, an arrangement is required where senior citizens can lead their life peacefully and their loneliness can be abated.

Community living in India: A field-based ethnography study, highlighting the existing community living designed for senior citizens in India. Before moving further, it is imperative to be aware here that old age homes and community living are not the same. ‘Community living’ or ‘Senior living’ offers dignified and independent living, aided with 24 hours, 365 days a year, assisted and care services. It is a kind of residential care home where senior citizens can avail of all the facilities that could be customized according to

their needs. They could even enjoy social, physical, intellectual, and cultural activities with personalized service of care (Mallick, 2020). The ethnography study conducted in Haridwar, Dehradun, Delhi NCR, Jaipur, and Mathura, revealed that some elderly people come over here for years, stay for six to eight months, and then again go back home (Goswami and Seth, 2022). Following are the description of various community living centres designed for senior citizens:

- A. *Anand Utsav, Rishikesh:*** Located in greenery and peaceful ambiance in Rishikesh Dehradun. The novel idea of such community living is to serve society with financial sustainability and affordability. The entry age to possess the senior citizen community living is 60 years. Single or double accommodations are easily available with affordable prices starting with a monthly expenditure of INR 11,000 pm to INR 17,000 pm for single and couples respectively. In addition to this, assisted living is also available on demand. Facilities like Laundry, Conveyance/Vehicle Arrangements, Security Persons, CCTV, a Shopping arena, Cafeteria, and Medicine Shop are available within the vicinity.
- B. *Oxygen Senior Living, Dehradun:*** Situated in natural surroundings, lush green campus surrounded by hills. One can lead a relaxed and peaceful life here at an affordable price. The range starts from INR 18,000 to INR 24,000 per month, the option of sharing accommodation is also available for 2 to 3 people in a room (with attached bathroom) INR 12000 to INR 15,000 per month. If anyone wishes to stay for a few days from 3 days to up to 9 days then charges are INR 2400 per day per person including meals.
- C. *Antara Purukul Senior Living, Dehradun:*** This destination is a perfect option for senior citizens who can enjoy a peaceful green locality and no pollution. Senior accommodation is spread across 14 acres (56,656 m. sq.)

in Purukul, Dehradun. With 200 apartments ranging from 1400 sq. ft. to 6600 sq. ft. and 50,000 sq. ft. It is primarily designed for elites having a luxury living style; all amenities are included within campus like the club, tennis court, badminton court, swimming pool, indoor games, home theatre, water therapy, mini-golf court gym, etc. The starting price for owning an apartment ranges from INR 2.18 crore to INR 8.88 crore for various apartment types and maintenance charges start from INR 60,000 per month onwards, plus food and other operational expenses are charged separately. Assisted care, health care services, and care plans are customized as per the medical condition of the seniors.

- D. *Arya Sanyasi Vanprastha Ashram, Haridwar:*** Located in a Green space and specially designed for those who belong to Arya Samaj and the entry is eligible for those senior citizens who intend to live simple, independent, and spiritual life. The minimum age defined for owning such living is 50 years. Consumption of alcohol and non-veg items is prohibited on the premises. All basic facilities like physiotherapy, Allopathy, Ayurveda, and Homeopathy are easily available. The post office, yagya shala, common dining room, and library are within the campus. To acquire accommodation, one has to stay for 3 months in Ashram to attune himself/herself. Besides that Ashram authorities also check whether aspirant residents adhere to the defined laid down norms of the ashram. Once one qualifies and gets the approval, one can opt for the permanent stay, for which the couple is supposed to pay INR 3, 00,000, and for individual man/woman INR 2, 00,000 has to be deposited which is not refundable. Accommodation can be taken on by paying INR 8,000 – 12,000 per month. On the demise of an owner-occupant, the cottage is given back to the Ashram authorities.

- E. *Brij View Senior Residency, Vrindavan:*** This is a luxury assisted living home for senior citizens situated in the holy place of Vrindavan. Brij View Senior Residency is an ideal home for those senior citizens who want to live an independent life or are unable to stay with their family or now simply want to spend their retirement years in devotion & spirituality. The residency is embedded with 24x7 medical support, health improvement activities like physiotherapy, naturopathy & yoga, better-than-home meals designed by expert nutritionists & dieticians, complete safety and security, daily housekeeping, laundry, entertainment, and recreational activities. It has various stay options like long-term (6 months+), and short-term (15 days to 6 months). The senior residency is specially designed for elite people.
- F. *Ashiana Utsav, Jaipur:*** It was established in 2012, on the outskirts of Jaipur. There is an in-house club whereby all indoor and outdoor games facilities are available. Senior citizens are kept engaged in some or the other activities. The cost of owning a home begins from INR 24 lakhs to 60 lakhs as per the stay options.
- G. *Pushpanjali, Jaipur:*** Pushpanjali provides an alternate home to those senior citizens who are living alone and looking for their companionship. Senior citizens can either live alone or with their partners. The housing has an attached bath with anti-skid flooring, with a geyser fitted. Attached store and pantry. Twin beds with mattresses, pillows, a side table, two chairs, a center table, and two steel almirahs. Intercom, TV with DTH Connection. Air Coolers and Fans. Residents are supposed to make INR 5, 00,000 interest-free refundable deposit. Monthly expenses for each person work out to be INR 10,000 per month and for couples, it will be INR 20,000 per month. This includes expenses for morning tea, breakfast, lunch & dinner with Milk at night. Facilities of Doctors and Physiotherapy are available on demand.

- H. *Columbia Pacific Communities, Bangalore:*** This is a world-class retirement home especially designed for those senior citizens who are looking for a safer and more enjoyable ambiance. The location has combined features of greenery space and a cosmopolitan city. Such community living is spread in Coimbatore, Chennai, Kanchipuram, and Puducherry. The retirement home offers 318 residencies that contain 1, 2, 2.5, and 3 BHK designs. Sanitation and cleanliness are taken care of with timely housekeeping and maintenance services, efficient maintenance of infrastructure, and preventive maintenance for electrical and plumbing work. There is an availability of 24/7 ambulance service, doctor-on-call, and emergency protocols in place. The price range starts from INR 53.40 lakh to 1.14 crore.
- I. *Ashiana Nirmay/ Advik, Bhiwadi, Rajasthan:*** Ashiana Nirmay is a place where one can think of spending their golden life after 60 years of age. There is another branch of Ashiana senior living which is Ashiana Advik catering to the additional amenities of senior citizens. The cost of owning such accommodation ranges from INR 44 lakhs to 160 lakhs. It is a place with all senior-friendly amenities like a clubhouse, swimming pool, walking tracks, 24/7 security with CCTV, and wheelchair accessibility within its vicinity. One can choose from 1 BHK, 2 BHK, and 3 BHK flats suiting his/her pocket. The cost of owning a home in Nirmaya starts from INR 37 lakhs to 77 lakhs as per the stay options.
- J. *Emerald Rivera, Ajiwali Shampur, Near Rajaji National Park, Haridwar:*** It is situated on the outskirts of Haridwar, a new upcoming township with a gated community with no limitation to any age group. It is mostly the preferred destination for retired senior citizens, who have completed their careers and are looking to settle down for their second life inning. It is a business venture with a profit objective.

One BHK home is available at INR 28 lakh investment (for new bookings), and INR 35 lakh for a ready-to-move flat. There are various options available with various investments starting from 28 lakhs onwards to 2.06 core depending upon the size and number of rooms and based on whether it is facing the Ganga river or the garden. Doctor and Physiotherapy facilities are available on demand only, while yoga, meditation, and exercise facilities are available, the open theatre is there, and for all services like beauty and wellness, and housekeeping one can hire services from a nearby locality. For those who are looking for a property with a clear title in their name, it can be one of the options; but one has to build community connections on their own.

Thus, there is no denying the fact that all these setups have grown through voluntary measures of individuals over time. Government support has been minimal even though as per the different declared policies, they are there in all policy documents.

Community living in other countries

Outside India, the concept of Community living is much more prevalent, especially in North America and Australia. The reason for this is it is much more common for children to move out of their parental homes once they turn 18. Numerous models are prevalent in different parts of the world. Like India, these models have varying costing depending on the facilities being provided as well as the location. Below is a description of a few facilities across the world:

1. The Villages, Florida, USA: This is one of the largest retirement communities in the world comprising over 132, 00 residents. It is located in Florida, USA. The Villages cover a space of around 32 square miles. The Villages offer several recreational activities. The majority of the costs are paid in form of the monthly amenities fee. Facilities include a Golf Course, Recreation Centres (100 recreation centers operate include facilities like swimming pools, tennis courts, fitness centers, billiards, theatres, etc.), an entertainment venue (including various venues of performing arts), softball fields, a

polo stadium, and a woodworking shop, plus the Lifelong Learning College, two seventeen-lane outdoor target archery range. The cost of the villas range from \$242,000 to \$448,000. The monthly expenditure for all amenities, depending on the type of accommodation and usage, ranges from \$807.00 to \$1,262.00 (The Villages, 2022).

2. Luther Village on the Park, Ontario, Canada :

Surrounded by greenery space, Luther Village on the Park is situated in the heart of Uptown, Waterloo, Ontario, Canada. The retirement home offers a wide range of facilities for older adults that comprise various living options such as life lease, independent living, memory care and assisted living. Established in 1997 it offers various categories of facilities like a library, Educational courses, TED Talks, and a memoir-writing group. Despite Intellectual facilities, the retirement community also offers other facilities like physical (swirlpool, fitness room, Kinesiologist), environmental (greenhouse, running track, patios, and gazebos), emotional & spiritual (tai chi, caregiver support groups, yoga, worship, hymn sings), social (Cafeteria, live concert, off-campus outing), vocational (Resident volunteer opportunities). The monthly cost of assisted living ranges from \$3,370 to \$3,965 (Luther Village on the Park, 2022).

3. Living Choice Retirement Villages, Australia:

The Living Choice Retirement Villages, Australia, was established in 1992 in Australia and is located across five locations in the country- Adelaide, Sunshine Coast, Gold Coast, Sydney, and Central Coast in Australia. The retirement communities are in premium locations, offering an extensive choice of homes, facilities, and services. The villages are affordable where an individual doesn't have to worry about the garden or home maintenance and can enjoy an active, energetic lifestyle. Living Choice offers a range of living options and leisure activities in safe, secure retirement communities located in some of Australia's most prestigious locations. Independent living homes are intended to complement and enhance an individual's lifestyle in retirement. There are plenty of facilities at the village's

leisure center, including a residents' bar, lounge, outdoor terrace overlooking the lake and golf course, auditorium, indoor heated pool, gymnasium, surround sound cinema, library/meeting room, spacious art and craft studio, outdoor BBQ area, and residents' workshop. The cost ranges from \$875,000 to \$ 915,000 (Living Choice Australia, 2022).

4. *Auria Senior Living, South Africa:* Auria Senior Living is a leading developer, owner, and operator of senior living communities in South Africa. It offers five senior living communities across South Africa namely San Sereno, Melrose Manor, Royal View, Woodside, and Coral Cove. They offer two living options: Independent living as well as assisted living. The facilities offered include coffee shops, restaurants, a bar & lounge, a library, a private lounge, a hairdresser, a bridge club, a heated swimming pool, a cinema, a gym as well as social and community events (Auria Senior Living, 2022).

The matrix-like table given below presents the mapping of various facilities provided by community living existing in India and other countries (Table 1).

Community living model for senior citizens: This section suggests a happy, affordable and dignified model. In the era of globalization, the younger population is wholeheartedly following materialistic life leaving behind the responsibility of caring for their seniors. A field study conducted in Haridwar, Dehradun, Jaipur, and Mathura disclose a picture of no structured government intervention to establish community living there (Goswami and Seth, 2022). In such circumstances, there is a need for affordable and dignified community living that suitably addresses the growing demand of senior citizens. The model proposes various facilities in community living like vocational facilities under which they may seek employment opportunities if they have the required skill. There is no age limit for learning hence there should be an arrangement for skill development in their interested areas. The availability of medical facilities is also taken into consideration as on-call doctors, OPD services, and physiotherapy should be available. Further, community living may include space for yoga,

satsang, and a swimming pool, and in addition to this, a greenery ambience may promote inner satisfaction.

Community Livings Facilities													
	Amand Utsav	Oxygen Senior Living	Antara	Arya Samajsi	Brij View	Ashiana Utsav	Pushpanjali	Columbia Pacific	Ashiana Nirman/ Ashik	The Villages	Luther Village	Living Choice	Aurora Senior Living
Swimming Pool			✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Library				✓		✓		✓	✓		✓	✓	✓
Assisted living / Homes based care	✓		✓		✓	✓			✓	✓	✓		✓
24*7Medical facilities, on-call doctors and OPD services/ Ambulance			✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Place of worship, Bhajan/Satsang				✓	✓	✓					✓		
Common dining/ restaurant/ café	✓			✓		✓			✓		✓		✓
Gym/ Fitness centre/Yoga/ Physiotherapy/ Ayurveda/Allopathy		✓	✓	✓	✓	✓	✓				✓		✓
Indoor/Outdoor games		✓	✓		✓	✓	✓		✓	✓	✓		✓
Green Areas	✓	✓	✓	✓	✓			✓	✓	✓	✓		✓
Space for Meetings/ Events/Social engagement		✓	✓	✓					✓		✓		✓
Housekeeping facilities					✓			✓	✓				
Independent living	✓	✓	✓	✓	✓		✓	✓	✓		✓		✓

Community Livings					
		Property Ownership(1BHK, 2 BHK, 3BHK) (Price range)	Refundable or Non-Refundable Deposit +Rental (Price range)	Only Rental (Price range)	Running Expenses per month for individual independent living/individual assisted living/couple assisted living (Price range)
Emerald Rivera		INR 28 Lakh-2.06 Crore	NA	NA	INR 20,000-30,000
Aurita Senior Living		NA	NA	NA	NA
Living Choice		INR 71008000-00-	NA	NA	NA
Luther Village		NA	NA	NA	INR 273124.51-321346.80
The Villages		INR 19613095.70-	NA	NA	INR 65,404-102279.86 (\$807.00
Ashiana Nirmanj Advik		INR 36.59 Lakh-77.24 Lakh	NA	NA	NA
Columbia Pacific		INR 53.40 Lakhs-1.14 Crore	NA	NA	NA
Pushpanjali		NA	INR 5,00,000 Refundable	NA	INR 10,000-20,000
Ashiana Utsav		INR 24-60 Lakh	NA	INR 23,000-48,000	NA
Brij View		INR 25 Lakh	INR 10,00,000-20,00,000	INR 67,000-83,000	INR 65,000-73,000
Arya Sanyasi		NA	INR 1,00,000-3,00,000 (Non-refundable Security	NA	INR 10,000-20,000
Antara		INR 2.18Cr-8.88Cr	NA	NA	INR 1,00,000-1,75,000
Oxygen Senior Living		NA	NA	INR 18,000-24,000	INR 24,000-60,000
Anand Utsav		NA	NA	NA	INR 11,000-41,000

Source: Abstract from primary and secondary sources

Note: Anand Utsav, Rishikesh, Oxygen Senior Living, Dehradun, Antara Purukul Senior Living, Dehradun, Arya Sanyasi Vanprastha Ashram, Haridwar, Brij View

Senior Residency, Vrindavan, Ashiana Utsav, Jaipur; Pushpanjali, Jaipur; Columbia Pacific Communities, Bangalore, Ashiana Nirmay/ Advik, Bhiwadi, Rajasthan, The Villages, Florida, USA, Luther Village on the Park, Ontario, Canada, Living Choice Retirement Villages, Australia, Auria Senior Living, South Africa, Emerald Rivera, Ajiwali Shampur; Near Rajaji National Park, Haridwar

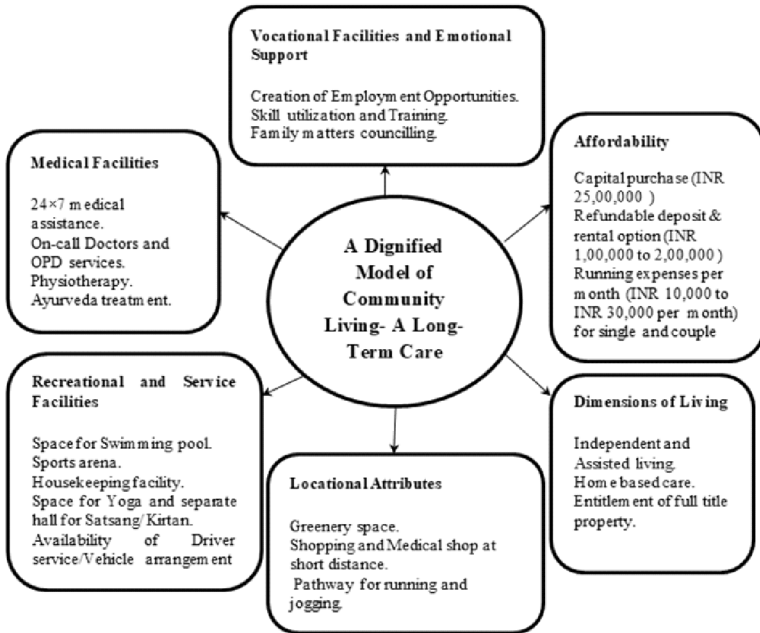


Figure 6: Community living Model for Senior Citizens

Source: Framework developed by Authors

Conclusion

Thus, this paper presents a holistic view of suggested community living for senior citizens where they could live a sustainable and dignified life. The degeneration of family systems and robust increase in the aging population over 60 years posed great challenges for the government or policymakers to manage for the well-being of the older person. The challenges, not only for India but globally, are arising in the contemporary era. In pursuit of a career, employment, and academic need, adult children are migrating outside leaving their seniors at home alone. As a result, they are left without proper

support and care. The research findings revealed that the level of stress among senior citizens is high when their adult children stay separately (Prakash & Srivastava, 2022). Considering the elderly policies in India, it is no denying the fact that the welfare policies are subsumed in different programs like Atal Vayo Abhyuday Yojana, Integrated Programme for Senior Citizens, etc. Despite including the same nature of welfare schemes in different programs. All basic senior-centric programs may be subsumed into a single program that may have three sub-sections of senior policies. For instance, Policies for Health Care of Older Persons, Policies for Financial and Economic Stability, and Basic Necessities and Housing Policies. Such an attempt may reduce confusion and promote awareness, especially among senior citizens.

Given the robust increase in the ageing population, providing elderly housing embedded with all assisted facilities will be a major challenge for policymakers. Private players are coming forward to offer housing facilities or community living for senior citizens. However, they are catering to the needs of affluent senior adults only by offering expensive luxurious accommodations. Thus, there is a need for government-sponsored community living for senior citizens in India. The paper, therefore, offers an affordable community living model where their basic needs are taken into consideration to offer a happy and dignified life. Furthermore, the paper also recommends some key points to promote large community living at an affordable price (Figure 7). The figure illustrates the division between those who look for ownership of properties and those who look for a temporary stay without property entitlement. Tax exemptions may be provided to corporate houses for constructing community living for senior citizens under the Corporate Social Responsibility scheme. The government may provide free land to registered NGOs/ Trust/ Cooperative Societies so that they could offer retirement homes at affordable prices to senior citizens. The model suggests for creation of a Senior Citizen Cooperative Society, in this case, the society may be formed

by a group of senior citizens then the land may be offered to them either free of cost or at concessional rates. All the members of the cooperative society should be allowed for getting their apartments duly registered with the requisite legal title, in case the construction of the apartment is funded with their resources.

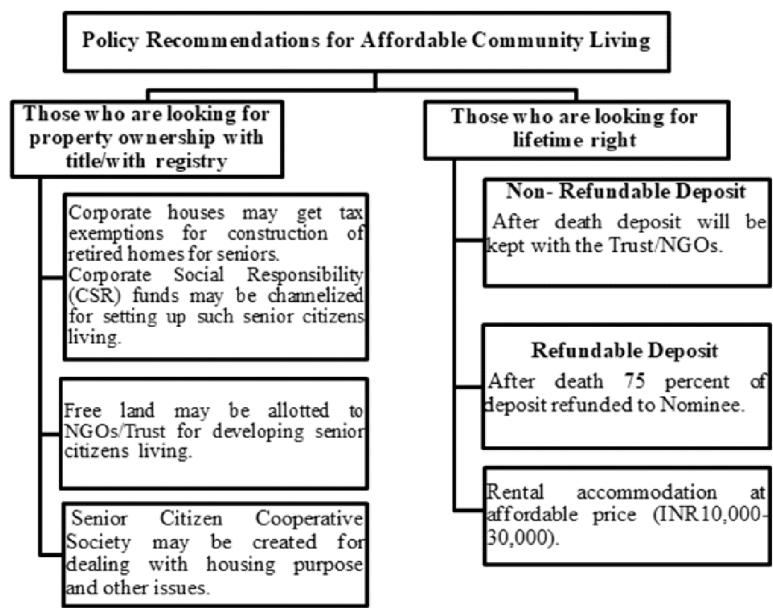


Figure 7:Policy Recommendations for Senior Citizens’ Community living Model
Source: Framework developed by Authors

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