

## **CHAPTER – 2**

### **REVIEW OF LITERATURE**

#### **Introduction**

A great deal of literature pertaining to ‘Ageing and Health’ is reviewed to get a better perspective and understanding of various aspects of the research topic under study. The reviewed literature includes prominent books, journals, E- resources, articles and case studies in periodicals and Newspapers. The reviewed literature clearly showed the various issues like economic status, cultural wellbeing, social setting and adjustments and psychological and physical wellbeing and government policies related to the geriatric population. It is found from the review of literature that there is no dearth of studies available on aging and its various dimensions at the international level but there are comparatively few studies available at the national level, and very few studies are carried out at the local or regional level. Out of these few studies, majority are carried out by departments like Preventive and Social Medicine, Food and Nutrition which makes the present study all the more relevant.

#### **2.1 International Studies**

The “Handbook of Social Gerontology: Societal Aspects of Aging” (Tibbitts, 1970) was developed as a comprehensive reference book for educators and researchers. The book is organised in to three parts, the first part deals with the basis and theory of the societal aspects of ageing beginning with an introductory chapter which gives a clear idea about the origin of social gerontology, the second part provides an insight on the impact of ageing on individual activities and social roles and the third part discusses the ageing and the reorganisation of society. It is a collection of nineteen essays dealing with separate aspects like ageing in preindustrial and industrial societies, health status, income security, role in family, governmental functions etc. thus reflecting the broad scope and ramifications of the field.

“Hand book of Medical Sociology” (Howard, Levine, & et al, 1963) is a collection of 20 essays dealing with Sociology of Illness, Practitioners, Patients and Medical Settings, the Sociology of Medical Care and Strategy, Method and Status of Medical

Sociology etc. It gives an idea about the sociological perspective on health care and medicine. It provides a brief outline of how in the early 18<sup>th</sup> century, some of the basic elements of the concept of social medicine had been put together. It also talks about various illnesses and the medical settings in relation to practitioners and patients.

The book “Post Modernism, Sociology and Health” (Nicholas, 1993) sets out some of the components of a postmodern social theory of health and healing, deriving from theorists including Derrida, Deleuze and Guattari, Foucault, Cixous and Kristeva. Nicholas is trying to address the question whether Post-modernism has anything to offer for a better understanding of health and health care. He does this by formulating a Post-modernist discursive framework while critiquing the modernist Sociology of Health. The book illustrates with detailed examples on how the organization of health care and the caring relationship itself are sites for contestation of power. While focusing upon the possibilities of postmodern social theory, the book demands a re-appraisal of issues of structure, identity and knowledge in modernist Medical Sociology.

Gary and Ray in their book “Advances in Medical Sociology: Quality of Life in Health Care” bring together a variety of conceptual and methodological approaches to study health-related quality of life and represents the contribution of diverse disciplines to this emerging field. The book begins with the editor’s historical overview of the origins of the concept of quality of life and its policy practices in United Kingdom and The United States (Gary & Ray, 1994).

In the book “Sociology” (Giddens, 1992) Giddens discusses and illustrates various issues related to Sociology of the body: health, illness and ageing.

“Keep Fit for Life: Meeting the Nutritional Needs of Older Persons” (World Health Organization & Tufts University School of Nutrition and Policy, 2002) is based on the review of scientific evidence linking diet and other factors such as exercise affecting nutritional status, disease prevention and health promotion for older persons. The study focused primarily on practical issues including the establishment of explicit recommendations to improve the health and nutritional status of older persons in a wide variety of socio- economic and cultural settings.

In the book “Loneliness, Health and Depression in Older Males” (Alpassi & Neville, 2003) the authors investigated the relationships between loneliness, health, and depression in older men. The analysis of the data showed that a diagnosis of illness or disability was unrelated to depression, but self-reported health was however associated with depression, with those reporting poorer health experiencing greater depression. Social support variables were unrelated to depression. The most significant relationship to depression was that of loneliness, with lonelier men reporting higher scores on the Geriatric Depression Scale (GDS). Although research suggests that depression is often a response to declining health and functional impairment in the older adult, the present findings suggest that social isolation may also influence the experience of depression. Age-related losses such as loss of professional identity, physical mobility and the loss of family and friends can affect a person’s ability to maintain relationships and independence, which in turn may lead to a higher incidence of depressive symptoms.

“Towards Age- Friendly Primary Health Care” (World Health Organization, 2004) publication aims to sensitize and educate primary health care providers about the scientific needs of the older people. It addresses three major areas (i) Information, education, communication and training (ii) Health care management system and (iii) The physical environment.

“Sociology of Health and Illness” by Stephen Peckham aims to act as an introduction to Sociology of Health in general through a collection of some key papers it highlights the increasingly important contribution Medical Sociology can make to the study of health care, public health, health care professional, health policy and health and illness (Peckham, 2004).

Jeffrey, Cullen & et al in their book “Developing Integrating and Perpetuating New Ways of Applying Sociology to Health, Medicine, Policy in Everyday Life” discuss how the Sociology as a discipline can help generate and nourish new forms of enquiry that can impact the way research questions are formed in the field of health and medicines (Jeffrey, Cullen, & et al, 2007).

“Global Age-Friendly Cities: A Guide” reveals the principal traits of the ideal age-friendly city and shows how changing one aspect of the city can have positive effect on the lives of older people in other cities (World Health Organization, 2007).

“Older Persons in Emergencies: An Active Ageing Perspective” by World health Organization examines how older persons fared in conflict-related and naturally caused emergencies like war, drought, floods etc. in both developed and developing countries. It gives real-life experiences to inform about the needs and contributions that older people face during emergency and reconstruction (World Health Organisation, 2008).

Another publication by WHO “Age-Friendly Primary Health Care Centres Toolkit” builds upon the concepts and principles of the WHO’s active ageing policy framework, published in 2002 on the occasion of the second ‘World Assembly’ on ageing in Madrid. The active ageing policy framework calls on policy makers, governments and the non-governmental sector to optimize opportunities for health, participation and security in order to enhance the quality of life of people as they age (World Health Organization, 2004).

In his book “Gender Difference in Health and its Determinants in the Old-age Population in India” Biplab examine the gender deferential in health and its socio-economic and demographic determinants in the old-age population of India based on the National Sample Survey data collected in 2004. The results demonstrate that older Indian women experience poorer health despite their two years of higher life expectancy compared with males. As expected, the older people with poor socio-economic condition had poor health. Considering the socio-economic disadvantages of the Scheduled Caste population (the ST population was an exception), those from rural areas, Muslims, the illiterate and those not working experienced poorer health compared with their counterparts. Apart from structural inequality in health status, significant deference in health outcomes by gender was also observed within each socio-economic group. In general, gender gaps in health outcomes against older women were found to be greater in the socio-economically advanced groups. It was seen that with the advancement of socio-economic status, both males and females

gained better health, but the extent of the gain in good health was greater for males compared with females. (Biplab, 2009)

In the study on “An Introduction to the Sociology of Health and Illness” (White, 2009) shows clearly that health and illness are the products not of biology alone but the society as well. He has tried to bring forward and discuss elaborately the impact of class, professional power, gender and ethnicity, in both shaping the disease as well as providing an account of how class, patriarchy and racism produce and distribute disease. The author also elaborates several theoretical perspectives or approaches to flesh out the arguments.

The “Handbook of Medical Sociology” (Chloe, Conrad, & et al, 2010) is a composition of articles by some of the outstanding scholars in Medical Sociology. The book reflects important changes in the study of health and illness. In addition to chapters on the social impacts of gender, race, and socio-economic inequalities on health, there are also chapters that examine the influence of social networks, neighbourhoods, and social capital. A section deeply examines illness, experience, and trajectories thus emphasizing social constructionist approaches. In addition to focusing on macro issues like medicalization and illness contestation, it also looks at the subjective experience of illness. Sociological perspectives on disability and a sociological rendering of dying and the right to die are also discussed. Chapters in the third section recount shifts in the organization of health-care delivery and in the balance of power among institutional actors seeking to control it. These chapters pay particular attention to some of the developments and new efforts to reform the system, with special emphasis on emerging actors that warrant sociological attention, such as pharmaceutical companies. Additional chapters in the third section highlight the growing pervasiveness and impact of evolving models of care and policy that are driven by a conviction that, greater use of evidence-based medicine and far more emphasis on care quality and safety are crucial for improving care and health outcomes. Chapters in the last section of the book focus on recent developments in Medical Sociology, as well as on the directions for future Medical Sociology works.

“Communities of Place and Communities of Interest: An Exploration of their Changing Role in Later Life” (Robin & Simon, 2011) highlights the traditional

emphasis on the role of community and place in later life and explores the emergence of marketisation, consumerism, importance of social interaction and the impact of the internet and virtual communities.

In the study on “Access to Residential Care in Beijing, China: Making the Decision to Relocate to a Residential Care Facility” (Yang, Mark, & et al, 2011) found that the older residents’ accessibility to a Residential Care Facility (RCF) was affected by the interaction between geographical, economic and socio-cultural factors. The decision to select a specific RCF was a process of balancing geographical location, quality of services, health care demands and financial affordability.

In her study on “Remitting ‘Filial Co-habitation’: ‘Actual’ and ‘Virtual’ Co-residence between Korean Professional Migrant Adult Children Couples in Singapore and their Elderly Parents” Jeehun concludes that the patterned two-way transnational mobility in providing care and support is shaped by cultural norms and the practical negotiation of family obligations. The actual co-residence pattern was mainly adopted by eldest sons/daughters-in-law couples and the elderly parents of the eldest sons, whereas the virtual co-residence pattern was mainly adopted by sons-in-law/daughters couples and the elderly parents of daughters (Jeehun, 2011).

The study “Back from the Brink: Ageing, Exercise and Health in a Small Gym” (Emmanuelle & Nika, 2011), explored older adults’ experience of becoming regular exercisers in a gym triggered by health problems and their interactions with their younger gym instructor. A key question which the study sought to address was whether becoming embedded in the sub-field of exercise challenged traditional discourses of ageing (age habits). While these older gym users reported significant benefits that is greater health capital, expanded social networks and a return to active life after illness, but however were engaged in a complex and ambiguous negotiation of attitudes to bodily ageing and meanings of fitness and competence.

In the study on “Care-givers’ Perspectives of Occupational Engagement of Persons with Dementia” (Megumi & Jenny, 2011) the authors have examined care-givers’ perception of occupational performance of their dementia affected elderly from three aspects: person, occupation and environment. Meaningful engagement in activity is associated with the maintenance of health and wellbeing, but reduced activity

participation is common among persons with dementia. Family care-givers play an important role in engaging their relatives with dementia in activities but little is known about their perception of occupational engagement. Care-givers acknowledged occupational engagement as means of maintaining wellness and used various strategies to encourage their relative's activity participation. Activity decisions appear to depend on the availability of support resources and a balance between safety concern and risk-taking.

In their study on "A Minimum Income for Healthy Living (MIHL): Older New Zealanders" (Jessica & Toni, 2011) used a health lens to investigate the retirement income needs of older New Zealanders living independently in the community. In each case, the MIHL estimates were appreciably higher than the universal state pension paid to elderly New Zealanders. The results highlight that many aged New Zealanders are living on an income which may not be enough to support a healthy life.

In a study entitled "Do Adults Adjust their Socio-Economic Status Identity in Later Life?" (Jennifer, et al., 2011), the scholars used two assessments of subjective social status measured six years apart in a sample of older Taiwanese adults to determine the degree to which respondents adjust to their perception of social rank, and also to identify the characteristics of individuals who are most likely to revise their assessments. The study found that many older Taiwanese adults reassess their socio-economic identity, but most respondents show small level of change. Highly educated female respondents show a positive economic outlook and revised their subjective social status upward. At the same time the widowed respondents had a downward subjective status.

The work on "You learn to live with all the things that are wrong with you: Gender and the Experience of Multiple Chronic Conditions in Later Life" tries to examine how older adults experience the physical and social realities of having multiple chronic conditions in later life. The study found that they normalized their illnesses and made social comparisons in order to achieve a sense of biographical flow in a distinctly gendered way. The men in their frustration of loss of power, autonomy and physical fitness reflect masculine norms of control, invulnerability, physical prowess,

self-reliance and toughness where as women were dismayed by their altered physical appearance and concerned about their illness and how their illness might affect others thereby responding to feminine norms of selflessness and sensitivity to others (Laura & Erica, 2012).

The research study “The Impact of the Bealtaine Arts Programme on the Quality of Life, Wellbeing and Social Interaction of Older People in Ireland” (Eamon, 2012) is based on an evaluation of a national arts festival in Ireland called ‘Bealtaine’ that celebrates creativity in older people each year during the month of May. The festival is unique in the wide range of arts related activities it includes and the different types of organisations involved, it includes both professionally facilitated arts programs and events of local and national levels. The findings are very positive in terms of the personal and social gains arising from participation in the festival. In this context, the study provides support for the provision of enhanced and sustained funding for creative programs for older people and, more generally, for the development of an integrated policy for older people and the arts in the country.

Periodical in ageing and development “Ageways” 78<sup>th</sup> issue of March 2012 deals with ‘Ageing and Dementia’ world over. Some of the areas covered are growing numbers of dementia affected aged, role of some of the organizations in the sector, steps to deal with dementia and ways to reduce risk (Helpage International, 2012).

Newsletter Ageing & Development’s 31<sup>st</sup> issue covers news on ‘WHO Summit’ which was on non-communicable diseases, pension, poverty and wellbeing, elder abuse and older people’s right to health (Helpage International, 2012).

Periodical in ageing and development “Ageways” 80<sup>th</sup> issue summarizes ‘Ageing in the Twenty-First Century: A Celebration and a Challenge’, published by the United Nations Population Fund and HelpAge International. This report makes the case for governments, NGO’s, global institutions and civil society to realign 21<sup>st</sup> century society to fit the realities of 21<sup>st</sup> century demographics (HelpAge International, 2013).

Periodical in ageing and development “Ageways” 81<sup>st</sup> issue discusses about ‘Fundraising’. It talks about recognizing the potential of older people and its



sustenance by productive non-profit sector to support their cause. The issue focuses on fund raising tools and techniques (HelpAge International, 2013).

Periodical in ageing and development “Ageways” 82<sup>nd</sup> issue is on ‘Emergencies’ and is an eye opener on the condition of older population during such situations. According to the periodical during emergencies relief agencies and humanitarian workers tend to neglect older population. The periodical gives guidelines to combat these issues (HelpAge International, 2014).

The ‘Special Edition on Elder Abuse and Dignity’ has papers written by some of the prominent personalities in the area. The paper includes papers on a new perspective on elder abuse and dignity, some conceptual issues on dignity and ageing, cross-cultural understandings on dignity and abuse, global perspective on dignity and abuse etc (HelpAge India, 2014).

“The Journal” (AARP International, 2014) which was formerly known as ‘American Association of Retired Persons’ in their issue ‘Reimagining the Aging Experience’ features leading global voices that offer perspective and experience on trends and opportunities. The journal highlights local efforts and broader initiatives that are embracing demographic change.

## **2.2 National Studies**

The book “Sociology of Health in India” is a volume which contains thirty one contributions sub-divided into six parts, each covering a specific dimension as a result of growing social science interest in health and health care. The book starts with the development or the introduction of Sociology of Health in general as well as in India. It also discusses about the different committees that were formed for the inception and later reform the health policies and programs in India. The book also deals with socio-cultural determinants of health, traditional health care system, occupational health, role structure among health professionals, health care of the aged etc (Dak, 1991).

“Psycho-Social Aspects of Aging in India” is a compilation of different papers on various aspects. The first section includes an introduction to Gerontology and various theoretical approaches to ageing. There are papers discussing death anxiety,

retirement problems, hospitalization, and institutionalization etc. The author has exploded various myths regarding retirement, socio-economic status and coping strategies (Paramjeet, 1992).

“Ageing: Indian Perspective” (Thara, 2002) is an outcome of a national seminar on current issues in Ageing organized by Madurai Kamraj University. The book opens up with a paper on inter-generational problems of the old. One of the papers examines two critical aspects of ageing; ageing expectations and society’s response. In section two the problems and prospects of the old are portrayed in more specific terms. Four of the papers examine the different aspects of institutionalization of the elderly. Section four in the book points to the need for special attention by policy planners and welfare workers in the case of old women. The last section of the book is devoted to old age policies.

“An Aging India: Perspectives, Prospects and Policies” (Phoebe & Irudaya, 2005) is the result of an idea to create a special book on ageing in India. This book provides a collection of studies of various aspects of ageing in India combined with analyses of various policies and recommendations. Ageing and its issues are examined through different perspectives. Demography, disability, advocacy, interventions are some of the areas covered in the book.

“A Profile of Elderly Patients Seeking Emergency Care” (Alka, 2005) is a study that proves that males are the most frequent visitors to emergency care. Infections and cardio vascular diseases are the most common causes of illness and 75% of the patients have underlying co- morbidities.

“The Elderly in Urban Indian Families” draws our attention to inter-generation and intra-generation interactions in family and their natural consequences. The four chapters try to capture the conflicts arising in families in urban set up and its several reasons and resolutions (Sunanda, 2006).

“Ageing in India: Socio-Economic and Health Dimensions” draws upon Indian conditions and data for analyzing ageing and its few critical dimensions involving socio-economic, health and public policy aspects. The empirical study observes that a bulk of the aged is not able to withstand the economic realities (Moneer, 2006).

“Older Persons Maintenance, Care and Protection Bill 2005: A Critical Review” (Nayar, 2006) gives an overview of the bill. The main objective of the proposed legislation is to create an enabling mechanism for the older persons to claim need-based maintenance from their children including adopted/step children and grandchildren. It is also proposed that any person who, after the enactment of this Bill, has transferred by way of gift or otherwise his/her property subject to the condition that the transferee shall provide the basic amenities and basic physical needs to the transferor and such transferee refuses or fails to provide such amenities and physical needs, then such transfer of property shall be deemed to have been made by fraud or coercion or under undue influence and shall at the option of the transferor be declared void by the Tribunal. The bill recognizes the fact that the present amount of old age pension in many states is not always enough nor the minimum age for eligibility for such pensions is commensurate with the definition of Aged in the National Policy for Older Persons, i.e., 60 years. The huge and almost uncharted sea of domestic abuse of the elderly is a crying issue to which adequate attention has not been paid in the Bill.

The book “Sociology of Aging” analyses the bio-psycho, socio-economic and cultural aspects of aging problems in India. The study has dealt with four categories of senior citizens specifically to explore the various aspects of aging and the problems arising within these aspects. The study has been carried out in Gorakhpur region of Uttar Pradesh (Saxena, 2006).

“Studies in gerontology: Intergenerational Perspectives” is a compilation of many articles and studies written by various scholars on the relationship between aged, their children and their grandchildren. The role of family is the focus of attention and at the same time the role of NGO’s has also been discussed by one of the authors. Another author has made an attempt to understand the motives underlying participation in physical activity by older adults (Sharma, 2007).

“Social Security for the Elderly: Experiences from South Asia” (Irudaya, 2008) gives an overview on ageing, pension, and social security in South Asia that is Bangladesh, India, Nepal, Pakistan and Sri Lanka as the elderly population in these countries is expected to reach 400 million by 2050. The studies are based on field surveys and document the existing policies and programs on pensions and social security in these

countries and examine their fiscal implications on the economy and society. It also raises questions about the need for pension reforms, health care systems, universal pension etc.

In his study “Ageing gracefully” Hegde has made an attempt to show how one could grow up gracefully and could achieve many things even at the ripe old age (Hegde, 2008).

“Ageing and Healthy Life Expectancy: Will the Extended Years be Spent in Good or Poor Health” has highlighted the concept of healthy life expectancy which can be considered a family of summary measures of population health. The study also provides a detailed review of the procedure used to calculate this health indicator (Santhi, 2008).

“Dimensions of ageing: Indian Studies” includes thirty three empirical Indian studies on individual ageing as well as aged population. These studies deal with factors like quality of life, personality and adjustment, attitude towards elderly, problems of the elderly, social status, social support and successful ageing (Sharma, 2009).

The book on “Abuse of Elders in Old Age Homes: A Study in Chennai” (Anitha, Palani, & et al, 2009) has tried to identify the problem of elder abuse in old age homes in Chennai and the analysis was limited to abuse in the form of physical, material or psychological.

Madhu in her work “Depression and Life Style in Indian Ageing Women” examined the predictors of depression among ageing women as they experience a range of changes, physical as well as psychological in the period known as the period of serious crisis (Madhu, 2009).

In the study of “Abuse and Neglect of Elderly in Indian Families: Findings of Elder Abuse Screening Test in Kerala” (Sebastian & Sekhar, 2010) the authors have made an attempt to find the magnitude and nature of abuse in India.

The edited book on “Ageing and Health in India” has a collection of papers dealing with issues related to ageing and health. Most of the papers are the outcome of a seminar jointly organized by Centre for Development Studies and the Indian

Academy of Geriatrics. Most of the papers deal with physical health and diseases. One of the papers gives us a clear picture of the demographic trend of the aged and the pattern of disease in India. The book gives a detailed assessment on the various disabilities and illness faced by the aged people. The paper by Mala Kapur and Shankar Das deals with elder abuse and its effects on elderly (Shanthi & Irudaya, 2010).

In “A Study of Prevalence of Depression in Elderly with Medical Disorders” (Monica, Lehl, & et al, 2010) the scholars have made an attempt to assess the depression among the elderly. It is often associated with medical illness and is bi-directional leading to further potentiating of morbidity.

The study on “Status of Chronic Morbidities, Health Care Seeking and Causes of Death among Deceased Elderly in Rural Wardha” (Amol, Abishek, & et al, 2010) has addressed issues related to social security, support and care at family level, financial security etc. The study has also tried to understand the health care seeking pattern and high mortality due to communicable and non-communicable diseases among elderly in rural area.

Eriksson tried to understand how the health and longevity can be promoted during ageing through his study on “Studying Ageing: Experiences, Description, Variation, Prediction and Explanation” (Eriksson, 2010).

“Health Survey among Elderly Population Residing in an Urban Slum of Pune City” (Harshal & Poonam, 2010) is a study of medico-social problems in the elderly population in an urban slum in Pune city. The objectives were to study socio-demographic factors, morbidity pattern, and pattern of addiction and utilization of the available health care facilities among elderly population. Senile cataract was the common illness followed by osteoarthritis. Addictions such as tobacco chewing, alcohol and smoking were also common especially among males.

The study “Status of Home Based Care Provision to Bedridden Elderly in Chandigarh” has tried to ascertain the home based long term care giving patterns for the elderly bedridden patients in Chandigarh. The study concluded that family was the main source of care to the bedridden. A compromised quality of care to them

indicates a need of formal training to the caregivers (Puneet, Tarundeep, & et al, 2010).

In “Study of Morbidity Pattern in Inmates of Old Age Homes in Urban Area of Central India” (Ajay, Abhay, & et al, 2010) the researchers have studied morbidity pattern among residents of Old-age homes in urban area of Nagpur. From the results of the study it is concluded that majority of the elderly were dependent economically, neglected, living alone and suffering from various health problems. Morbidity profile of the residents of Old-age homes shows anaemia, arthritis, hypertension, cataract, impaired hearing, asthma, diabetes etc. Health education regarding stress management, exercises, yoga etc. should be given to the elderly residents. There is a growing need for interventions to ensure the health of this vulnerable group and to create a policy to meet the care and needs of disabled elderly.

The study on “Institutionalized Older Persons: A Comparative Study of Old Age Homes” (Gurjeet, 2010) tries to explore the demographic and socio-economic background of older persons residing in the Old-age homes, reasons for shifting to Old-age homes, facilities provided by the Old-age homes run either by government or non-government organizations, problems faced by elderly in the institution and suggestions offered by them to tackle such problems. It has been found that in government Old-age homes, majority of the residents faced problems regarding room-sharing, cleanliness, inadequate food, medical facilities etc. Religious and recreational activities were lacking and most of the residents reported that the amount of pension was insufficient for fulfilling their basic needs. One of the major problems faced by the residents in both government & non-government institutes was lack of transportation facility. The staffs of government Old-age homes were rude and authoritarian and sometimes used harsh and abusive language at the residents.

In a study on “Emergency Care for Older People in India” (Ashish, 2011) the author has tried to highlight the importance of emergency care for older people. According to him emergency room forms a fulcrum of the health care, and appropriate timely clinical or social interventions in emergency directed at patients or care givers is instrumental not only in reduction of mortality but also in prevention of life time morbidity in the elderly.

Susan in her study on “Barriers to Seeking Dental Care among Elderly in Rural South Indian Population” finds the barriers to availing dental health services. The study got an insight in to the attitude of the senior citizens towards dental health problems, frequency of visit to dental health care agency and strategies for cost effective oral health promotion (Susan, 2011).

The study on “Physical Activity and Healthy Aging in the Elderly” shows how functional health has been associated with quality of self-maintenance, intellectual status, emotional status, social activity and attitude towards the world and self (Mathur, 2011).

Viswanathan in his study “Nutritional Frailty” highlights the problem of under-nutrition in older people. He has elaborated the relationship between under-nutrition and increased health vulnerability (Viswanathan, 1969).

Sagar in her study “Epidemiological Study of Prevalence and Causes of Visual Disability in a Rural Community” tries to study the prevalence and causes of visual disability especially among elderly. The study found that common cause for visual disability was cataract. Prevention of disability which is easily curable should be the prime concern especially among the geriatric age group (Sagar, 2011).

The study on “A study of Geriatric Disability in an Urban Community in North 24 Parganas District of West Bengal” had made an effort to determine the type of geriatric disabilities; to find out the level of physical activity and activities of daily living; to find out their medical condition; use of prosthesis and condition of special senses. Most of the aged people were financially well placed, engaged in marketing, childcare or in cooking. About 90% had maximum Activities of Daily Living (ADL) scores but only a few had Maximum Physical Activity score. Prevalence of hypertension was high and many had cataract which needed to be operated. Those with hearing impairment did not generally have hearing aid. Smoking and alcohol consumption among men and betel leaf chewing among women were common. Community based programs for the propagation of the idea of active ageing with the help of electronic media would help to increase disability free life expectancy beyond 60 years (Sita, et al., 2011).

### **2.3 Gujarat Studies**

The study on “Self-Appraisal of Elderly in Slums of Vadodara City” by Bhamini was to ascertain the perception of the elderly on health, psycho-social aspects, problems faced by them, support system, role and status. Self-worth perceptions of old age were associated with physical changes, health deterioration and social events such as marriage of their children and birth of a grandchild, which gave them a new status in life. Their health problems were seen as a part of onset of old age, it was also linked to lack of health facilities for minor preventable health problems. Some of them felt that the health problems made an impact on their contribution to the family, yet a majority contributed to the family either financially or by participating in the routine activities of the household. Their self-worth was determined by their present as well as past contributions to the family, which influenced their status in the family. As far as satisfaction with life was concerned there seemed to be no apparent difference between those who had achieved something concrete and those who had not (Bhamini, 2003).

In their paper “A study on nutrition, diet and disease profile of the elderly anaemic women with or without intervention through iron folic acid supplementation” (Swati, Komal, & et al, 2006) studied women aged 60 years and above for iron deficiency anaemia. The socio-demographic data showed that the majority of anaemic subjects were in the age group of 70 years. The subjects of study were selected from the population living under major five zones of Baroda city.

“A study of old age homes in the care of the elderly in Gujarat” is a project report prepared by Das & Urvi. In this study they have made an attempt to fill some gaps in the study of the elderly population and the existing institutional support available to them. They tried to explore the physical and socio-emotional aspects associated with institutional living. This study has been done on statistical perspective (Das & Urvi, 2006).

Amit & Kantharia of Preventive and Social Medicine Department, Medical College, Vadodara in their paper “Screening of cognitive impairment and depression in elderly patients” assessed the cognitive impairment and depressive symptomatology in



elderly and also examined its distribution and association with age, gender and literacy (Amit & Kantharia, 2006).

In the study on “Health and Social Problems of Geriatric Population in an Urban Setting of Gujarat, India” by (Chandwani, Jivarajani, & et al, 2008) have made an attempt to examine the variables affecting the old age persons residing in the city of Vadodara, Gujarat. A cross-sectional study has been carried out in Gotri and Ellora park areas of Vadodara. Results of the study show that a majority of the elderly were out of work force. They were partially or totally dependent on others and suffering from health problems with a sense of neglect by their family members.

“Study on Knowledge and Practices of Elderly Female Self Care Givers: Capacity Building Through Nutrition Health Education (NHE) Intervention” (Komal, Aakanksha, & et al, 2009) is a collection of baseline data regarding socio-demographic profile, lifestyle factors, nutritional status, dietary profile, disease profile, mental status and social aspects of female elderly subjects and impact evaluation of need based NHE intervention on knowledge retention and practices of female elderly self-care givers. The study was carried out in Vadodara city. Females belonging to oldest-old elderly age group were found to have deteriorated profile with regard to diet, haemoglobin, disease and mental health status as compared to young-old female group. Young-old self care givers seemed to have better knowledge and practices for their health care as compared to oldest-old group. This could be due to increase in age, ignorance and increased health problems with poor knowledge and practices regarding the same.

The study on “Assessment of Diet, Nutrition & Disease Profile of Elderly Females Residing in Rural Setting of Vadodara” (Pallavi, Krishna, & et al, 2011) has aimed at the assessment of diet, nutrition, disease profile and mental health status. The study shows that economic status and age affect life-style pattern, diet profile, nutritional status, disease profile and mental health profile.

## **2.4 Justification of the Study**

Since ‘Sociology of Health’ is a very recent subject in India, there are very few studies pertaining to it. The studies on Geriatric population in the perspective of Sociology of health have received very little attention because till recently it was

perceived that the old are well taken care of by the traditional Indian family. With tremendous social changes happening in our country of late there has been structural changes as well, which have made the researchers to re-think and look into this problem in earnest. Only a few studies on the health of aged from a social perspective have been carried out in India and much less in Gujarat. The existing studies are based on Medicine, Social Work and Food and Nutritional perspectives. Hence an attempt has been made to study the aged and their health and illness from Sociology of Health perspective.