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poverty, neglect



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Articulation of Demands of Older Persons During the General Elections: Points to Ponder

In India, the older persons remained invisible for the electoral process till recently. However, before the current general elections some embryonic efforts were made by associations of older persons, NGOs and other concerned persons to raise the pertinent issues. Content analyses of these demands reveal a certain commonality. Most of these appeals centre around speedy and effective implementation of provisions of National Policy on Older Persons, creation of National Commission for older persons and certain basic demands articulated in fuzzy terms like economic and health security. Another common plea in these petition/appeals and demands was the emphasis on the tremendous increase in the number of older persons and the proportion of older persons who are registered voters and emphasis on the fact that they also vote.

Let us look at these demands and arguments in the light of the socio-political context in India. If one were to analyse the social behaviour and ethos, there is no dearth of customs and conventions that establish the practice of respecting the older persons and their right to life with dignity. All religious and moral texts and practices reiterate the importance of respecting age and aged. Carrot and stick principle is used by society to ensure 'proper' behaviour. The government has also been mindful of the needs of older persons. There is an all-encompassing document called the National Policy on Older Persons (NPOP) that was adopted by Govt. of India in the year 1999. Some states and UTs have also adopted state policies within the same framework.

There are many concessions and privileges that are given and enhanced from time to time for older persons, by the government, private organisations and corporate. Government of India made strides in the last couple of years in the areas of medical insurance in old age, income security for unorganised sector workers, maintenance for destitute older persons, increasing the amount and coverage of benefits under the social pension schemes. It has introduced schemes like reverse mortgage for older persons to be self sufficient and

independent in old age. It also announced allocation of funds for National Institute on Ageing. All this was done without any visible pressure from the older persons! And that is the crux of the matter.

What induced the government to take all the above mentioned steps or adopt the policies and implement schemes? Are these based on the genuine demands of the older persons or forceful and articulate middle class intelligentsia? Are the provisions of the NPOP based on legitimate demands articulated by the common people living a marginal life in the streets of non-descript towns and villages?

Some real questions that stare in our face are: Is the amount of social pension based on a realistic calculation of the money required to ensure dignified life? Are there enough efficient and effective medical/health centres in the country to take care of the urgent concerns of older persons? Are the resources available with older persons enough to cover the cost of consultation fee, pathological test fee and medication? Are there any public health solutions to the miseries of these hapless older persons?

The increasing cost of living and diminished capacity to save for old age is likely to tell on the people who will be covered under the current pension and other such schemes. The government intends to tax the income on saving as well!!

The real questions are many more than those listed here; but the important point is that all those who are aggregating and articulating the demands of older persons to the political system should make an earnest attempt to raise real issues instead of amorphous demands. Yes, older persons are registered voters and majority of them vote in the elections; but that has only limited significance. The need is for putting forth the demands that will make a difference to the lives of the common people with specific time limits; so that the people's representatives can be held accountable later. Also avoid the loopholes in the framing of the demands, which will do disservice to the cause of the older persons in India.

Rights of Older Persons with Special Reference to National Policy on Older Persons

Prof. K.R.G. Nayar*

Some simple statistics would substantiate the view even at the cost of carrying coal to New Castle. There are of course disputes about the exact chronological age at which the "lakshman rekha" separating the aged from the non-aged is to be drawn. It is however by and large agreed that it is at the age of 60 years. Adopting this view, as per the 2001 Census, we had in India 70.7 million persons aged 60 or above. They constituted 6.9% of the Indian population. It is estimated that the population of the aged in India will more than double by 2026. The aged will in fact form one-eighth of the Indian population by then. Actually, by 2051, every fifth Indian will belong to the category of the aged. Enough has been said to indicate that India's population is also ageing. The aged, many of whom are vulnerable, are quite large in number and constitute an important segment of the Indian population even now and this will become much more so in the years to come.

The crucial question is as to how the vital issues related to this increasingly important and vulnerable section of society are to be effectively tackled. It is generally recognised that the governments have an important role to play in this regard, particularly in the less developed countries of the world, where poverty is rampant and the majority of people work in the unorganised sector, which, has no provision for economic security in old age. But the tendency these days is to downsize the role of the government and the same is true of India; though the current global economic meltdown seems to have temporarily arrested this trend. Further rampant corruption and due to that and other reasons ineffective implementation of government policies are often the hallmarks of many a developing country including India.

In view of all this, it is being increasingly accepted that the aged themselves, the family of the aged, and the civil society including the NGOs and the corporate world, all have to contribute, to properly deal with the entire gamut of issues related to the elderly. There is therefore universal recognition that the multi-faceted nature of

the issues that emerge from population ageing in a country like India cannot be left to the governments alone to tackle. It is thus crystal clear that there is dire need in this field for advocacy defined by Cohen as the pursuit of influencing outcomes including public policy and resource allocation decisions that directly affect people's lives. Advocacy is hence the need of the hour for the elderly to ensure that policies at all levels—government, individual, family, civil society and corporate world—are properly formulated and effectively implemented.

The discussions in the article are with particular reference to the National Policy for Older Persons (NPOP) formulated by the Government of India in 1999. In order to do so in a meaningful manner, I would like first of all to mention the specific objectives of this policy and then go on to discuss the extent to which these have been achieved during the decade that has passed since the adoption of this policy. The seven objectives of the NPOP are listed below:

- Encourage families to care for elders,
- Support NGOs to supplement family care of elders,
- Provide care and protection to vulnerable elderly,
- Provide health care facilities,
- Promote research and training facilities to train care-givers,
- Encourage people to make provision for self and spouse in old age,
- Create awareness regarding elderly persons to enable them to become independent citizens.

A critical examination of the extent to which these objectives have been fulfilled would reveal that while some major steps have been taken in this regard, a good deal still remains to be done.

The passing of the Maintenance and Welfare of Senior Citizens Act in 2007 by the Government of India making it legally obligatory for the family members to look

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What is really unfortunate is the fact that the canvas is blank as regards the fulfillment of the objective to prevent problems in old age by inducing people to plan for old their age from a much earlier age.

after their elderly can be looked upon as an important step to fulfill the very first objective of the NPOP. It is of course true that very few elderly will think in terms of dragging their own near and dear ones to the court on this count. It is also true that many more positive incentives to look after the elderly by the family are required. But the fact remains that the elderly will feel considerably empowered as a result of this big legal step forward.

It has to be pointed out that considerable progress has been made also in fulfilling the fifth objective regarding care-giver training. Besides the massive training programme of care-givers being run by the Ministry of Social Justice and Empowerment, many new programmes like the ones by the IGNOU, National Institute of Health and Family Welfare etc have been initiated, though due to demand increasing much faster than supply, there is increasing excess of demand over supply of care-givers.

A lot more seriousness seems called for in the pursuit of the policy objectives of the NPOP. Only five of the 29 Indian states—Delhi, Goa, Karnataka, Kerala and Tripura—have even formulated policies and plans of action for the elderly. At the Central level, things do not seem to be much better. The Inter-ministry co-ordination committee set up to co-ordinate the implementation of the policy meets very infrequently. A perusal of the annual reports of the Ministry of Social Justice and Empowerment which has to oversee the implementation of this policy further substantiates the view that the situation in this regard is dismal. The amount disbursed by the Ministry under its schemes for the elderly declined from Rs. 16.5 crores in 2002-03 to Rs 12.5 crores in 2006-07. What is even more disturbing is the fact that the amount disbursed as Percentage of the amount budgeted declined during the same period substantially from 81.3 to 44.8. Actually the expenditure on old age homes by the Ministry in 2006-07 was just one-tenth of what was incurred in this regard in 2002-03 and stood at a paltry amount of Rs. 0.10 crore.

It has also to be admitted that only lip-service seems to have been paid to ensure that the ageist attitude prevalent in society is removed to enable the elderly to lead life as

independent citizens. It is true that we have the Elder's Day observed annually on the 1st of October. There are also inter-generational walks and award of *Vayo Shreshta Sammans*. A recent and somewhat pathetic personal anecdote clearly proves that these are mere drops in the ocean. A burly young railway porter, already upset at an old man like me bargaining with him over his charges, scolded me right and left at my inability to help him with my heavy luggage.

What we therefore need, are effective means to record on the hard disks of the youth of today, the elderly require special attention for their specific needs. Such efforts become particularly vital in urban areas where the young rural migrant has often no sense of belonging and hence feels that he can throw to the winds with impunity, the social norms including the consideration for elders; still prevalent in most rural parts of India. The urgency of the issue becomes all the more apparent if we consider the fact according to estimates, 70% of people will be living in urban areas by the year 2050.

What is really unfortunate is the fact that the canvas is blank as regards the fulfillment of the objective to prevent problems in old age by inducing people to plan for old their age from a much earlier age. The fact that God only looks after those who look after themselves has to be rubbed in to induce people to plan for healthy and happy ageing from at least the age of 40.

The blunt impacts of migration of youth and the severe global meltdown are making it crystal clear to people that those who do not plan for rainy days or for their old age come croppers. People are receptive now to ideas in this regard. This can be done by social advertising through all media and maybe wide circulation and use in regional languages of books.

It has also to be stressed that rights implied in NPOP and also finding mention in international fora have no real meaning unless there is a sound basis created for the social acceptability of those rights. Failing that, they remain dead letter laws like the Hindu Code Bill in India which has not succeeded in eradicating dowry and bride-burning. The basis for rights for the elderly cannot be the choice-will concept a la

H.L.A.Hart according to which rights involve control over other's freedom and cannot hence be had by many aged and infants. As against this, the interest-benefit concept of Joseph Raz does warrant elderly rights, but makes the right-holder the beneficiary of the performance of duty by others. The most appropriate way to make elderly rights socially acceptable is along the lines of the justified constraint concept of G.W. Rainbolt. According to this view, a person has a right only if the future of that person is a sound justification for others to have a particular sort of normative constraint.

One also wonders whether the corporate world in India has been tapped to contribute their mite with regard to the care of the elderly. This becomes quite relevant when we consider the fact that India has emerged as one of the fastest growing economies of the world in the past decade. With world population including the Indian population ageing, resources required to effectively tackle the issues related to the growing proportion of the elderly will be simply phenomenal and hence quite difficult for the governments of the developing countries. Nor would it be possible or desirable to divert resources from building schools to building old age homes in these countries unless one wants to invite internecine inter-generational conflict. The corporates can do as part of their corporate social responsibility because this will considerably improve their brand image and result in increasing their long-term profitability. The Indian corporates may be particularly susceptible

to this idea since a certain "Daana" philosophy is part of the Indian psyche. The government can also by suitable policy measures induce the corporates to move in this desirable direction.

In conclusion, it can be said that the Maintenance and Welfare of Senior Citizens Act in 2007 of the Government of India is one of the major steps to fulfill the objective of the NPOP of making the families look after their elderly. There has also been some increase in training facilities for care-givers for the elderly, though the demand-supply gap is increasing due to phenomenal increases in demand far exceeding this increased supply. But as regards most other objectives, the elderly rights are being paid only lip-service in terms of policy implementation as reflected also in financial allocations and seriousness in which issues are being tackled. It is in fact extremely disappointing to note that as regards making people plan for healthy and happy ageing and changing the ageist attitude of society, the canvas is almost totally blank. This is particularly disturbing because if the many rights of the elderly listed in various national and international fora including the NPOP has to have any meaning, they have to be socially acceptable. Further the corporate goldmine has not even been mildly scratched using the CSR brush and other suitable government and non-government inducements to ensure elderly rights.

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Profile of Elderly Women Workers in India

P. Princy Yesudian* and
D.P.Singh**

Introduction

Population aging has become a challenge for many developing countries as their socio-economic development has not kept pace with the rapidly increasing elderly population. However, many nations are not equipped with social and economical ability to cushion their elderly people to lead a dignified and healthy life (Kalache A and Keller I, 2000). In some developing countries majority of the elders are without any economical security, savings, and poor health. They had to look for economic and social support from their children, friends and communities. For many, old age is not a phase of life worth looking forward to, especially for elderly women (UNFPA, 2002).

Elders, if healthy, are an asset or a resource to their families, communities, countries and economies (WHO, 2002). WHO, in 1999 adopted an active ageing approach. It mean a shift from 'needs-based' approach (elders as passive targets) to 'rights based' approach towards elders. This active ageing approach to policy and programme development has the potential to address many of the challenges of individual and population ageing in many developing countries. Further, WHO has stressed the need to improve the quality of life of the elderly population (Voigtlander, H. 1999). The United Nations, had initiated the 'society for all ages' and described it as the one that sees older persons as both agents and beneficiaries of development. Numerous countries across the world have adopted these as the theme for their national observance of the International Year of Older Persons. India is one amongst them (Sidorenko, A., 1999).

For an active life, participation in social and economical activities is very important, which, enhances the health status of anyone, especially the elderly population (Rajan, 2006, Fenech. 2006). In developed countries elder's work participation is a welcome one as their working population is on the decrease.

Economic development has generated more employment opportunities, which has both positive and negative impact on elderly (UNFPA, 2002).

Higher proportion of elders increases the old age dependency ratio, implying a rise in the number of retirees relative to that of workers. Indian Census 2001 results reveal a decline in the labour-force participation among the 60+ age group. The decline in labour-force participation could be due to lack of employment opportunities for the elderly or due to obsolescence of skills or due to the expansion of the old age support systems in the form of pension and retirement programmes (Vaidyanathan K, 2006).

This census also reveals that elderly women's work participation has been increasing steadily in rural and urban areas. Women in general, elderly women in particular, if work outside home too have to contribute to their families and communities in many meaningful ways—cook, clean, fetch water, take care of grandchildren, and make repairs—irrespective of their health status (UNFPA, 2002).

Studies show women gain relatively higher autonomy in the later stages of their life cycle. Her primary role as a care-giver elevates her status relatively better than elderly men (Sengupta and Agree, 2003). However, many of the elderly women in some societies are in a vulnerable situation due to the long existing gender discrimination in the society, which has restricted them to attain empowerment resources in the earlier stages of life cycle, leaving them as illiterate, poor and to depend on others in the later stages of life (Kinsella and Gist, 1998).

In India, the proportion of elderly persons has risen from 5.63 per cent in 1961 to 6.58 in 1991, 7.4 in 2001 and is expected to be 9.87 in 2021 (Rajan I *et al.* 1999). In absolute numbers, India is expected to have 113.5 million elders by (Government of India, 2005) and 134 million elders by 2021

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(Rajan, I *et al.* 1999). The advancing medical technology and healthcare provision is almost in everyone's reach in India. This could also prolong the life of elders longer than expected. The life expectancy at age 60 has almost doubled from 1901 to 2001, 9.5 years to 16 years for men; and 10.2 to 18.1 years for women respectively (Government of India, 2005).

While there are many studies exploring the gender and health aspects of elders, few studies highlight the active work participation of elders. This study tries to fill the gap by analysing the profile of the Indian working elders in general and working elderly women in particular.

Objectives

The major aim of this paper is to study of elderly working women with the following three objectives:

- To study the growth of elderly population and the working elderly population in particular in India,
- To study the demographic and socio-economic characteristics of elderly women workers, and
- To study the pattern of work participation among the elder women workers in various states of India.

Data Source and Methodology

National Sample Survey (NSSO-2004), 60th round was focused on 'Morbidity and Health care' with a separate special section focused on the elderly. This survey covered all the regions of India, with the exception of some interior areas of Nagaland and Andaman and Nicobar Islands, and Leh (Ladakh) and Kargil districts of Jammu & Kashmir. This survey considered age 60 and above as elderly and collected information on demographic characteristics, dependency ratio, conditions of the aged in respect of their economic dependency, number of dependants, living arrangements, persons supporting the aged, and physical immobility. This information provided an excellent opportunity to explore the above stated objectives using this data set.

Individuals aged 60 and above are considered as elderly in this study. In India the retirement age for formal or organised jobs for central government jobs is 60 years. But, it varies from state, to state, between ages 55 years to 60 years. Irrespective of the state level retirement age, this paper takes the work status of the population of 60 years and above for all the regions of the country. Work participation, according to Indian Census is defined as 'participation in any economically productive activity with or without compensation, wages or profit. Reference period for determining a person as worker and non-worker is one year preceding the date of enumeration' (Census 2001).

While calculating the work participation, only the main workers were taken (elders who have worked for more than six months during the reference period). The NSSO 60th round did not exclusively focus on the work participation status of the respondents. However a question was asked 'what was their usual activity?' during the reference period. The usual activity status as per NSSO relates to the activity status of a person during a reference period of 365 days preceding the date of the survey.

The usual activity status given by elders was the following: own account worker (self employed); Employer (self employed); Helper in household enterprises; Unpaid family worker; Regular salaried wage employee; Casual employee; Other type of workers; elders who do not work but seek work; Attend some educational institution; Domestic duties; Domestic duties and free collection of goods; Renters/pensioners/remittance receivers; Not able to work due to disability; Beggars/prostitutes; and others. The activity status showed that elderly men were mostly self employed, that is, more than one third (35.8%) of the elderly male workers were own account workers. Elderly women were mostly involved in domestic duties (32%).

With no available economic participation data, the elders were divided in to two groups, workers and non-workers. Elders whose usual activities were own account worker (self employed); Employer (self

National Sample Survey (NSSO-2004), 60th round was focused on 'Morbidity and Health care' with a separate special section focused on the elderly.

India had 24.7 million elderly persons in 1961, which doubled in 1981 and again almost doubled to 76.6 million in 2001

employed); Helper in household enterprises; Unpaid family worker; Regular salaried wage employee; Casual employee; and Other type of workers were clubbed and termed as workers; and the remaining all were termed as non-workers in this study.

Findings

I. Elderly population and the pattern of their work participation in India

India had 24.7 million elderly persons in 1961, which doubled in 1981 and again almost doubled to 76.6 million in 2001. There were 9.7 million elderly men in India, and 9.9 million elderly women in 1951, which doubled to 21.1 million in 1981. The latest census reveals that there are 38.9 million elderly women, almost doubled in two decades from 1981.

The proportion elderly, reported as workers by their sex and type of residence (by Census and NSSO definition) showed a declining trend according to Census. The elderly person's involvement in labourforce showed that the proportion of elderly workers almost doubled in rural areas than in urban areas, for both men and women. The recent NSSO results too revealed the same, 38 percent in rural areas and 20 percent in urban areas.

On the whole, the work participation rates are decreasing steadily as per the census, that is, 38 percent during 1981 to 32 percent during 2001. Gender specific results revealed that, men's work participation was decreasing whereas female work participation was increasing; 64 percent in 1981 to 53 percent during 2001 for elderly men; 10 percent in 1981 to 12 percent in 2001 for elderly women. However, the female work participation was much less than their male counterparts. The gender gap in work participation was high in urban areas than rural areas. It was three times less in rural areas and four times in urban areas.

Among the total elderly working population majority of them (66.8%) were self-employed (either in agriculture or otherwise). Less than one-fourth of the elderly workers were in regular salaried

employment. When we see the elderly women workers, they had stated their type of work as self employed (55.8%) (either in agriculture or otherwise), followed by regular salaried employment (31.9%). Majority of the rural elderly women workers were self-employed in agricultural related works (44.3%). In urban India also, more than half of the elderly women workers were self employed and more than one-fourth of the elderly women workers were casual workers.

II. Demographic and socio-economic characteristics of elderly women workers

The work participation rate among elderly population was 33.8 percent. The work participation rate was inversely related to age, (decreases as the age increases). Among all the elderly population almost half of the elderly workers were in 60–64 year age group followed by 65–69 year age groups. In the later years, the participation rate was declining gradually. Gender specific data revealed that work participation rate among elderly women was 14.6 percent. The work participation rate among 60–64 age group was 23 percent and among 65–69 age group was 14.7 percent.

The work participation is negatively related with education, as the educational level increases, the work participation decreases for elderly women. The work participation was high among elders who had some level of education. For example the work participation rate among elders with primary and middle school education were more than 40 percent each. Among elders with high school and above education, the work participation rate was 28.7 percent. The work participation rate among elderly women was high among the illiterates and barely literate. The same pattern was observed in rural India. In urban areas 10.6 percent of the elderly women were working, but only 2.8 percent of them had high school level education.

The work participation rate among married elderly was very high. Among elderly women, the work participation rate was high among the never married women

(20.7%) followed by currently married women (17.2%). The rural-urban differentials showed that in urban areas, besides never married elderly women, widowed elderly women were involved in work, compared to currently married women.

The work participation was high among ST and SC elders. Among elderly women too, the work participation was high among ST and SC elderly women (> 20%). In rural India, among the ST elderly women, the work participation was as high as 29%. In urban India, the work participation among elderly women was high among SC and OBC women, 17 percent and 11.3 percent respectively.

The work participation by economic dependency showed that, the work participation rate was high among elders who were not depending on others for economic resources. More than 51 percent of the elderly workers partially depend on others. Among elderly women too, the economic dependency was inversely proportional to working status of women. In urban India, the work participation among elderly women who fully depended on others for economical resources was 1.5 percent.

The work participation rate was high among elders who were living with spouse with or without children. This rate was high among elders who lived alone also. The work participation of elderly women, who lived alone was higher than other elderly women. In rural areas, besides elderly women who lived alone, women living with spouse with or without children and those who lived with relatives or non-relatives tended to work.

III. Spatial distribution of elders and elderly women's work participation.

According to this Survey, at the national level 33.8 percent of elders were working. However, there is wide spatial disparity observed in different states. The northern and north-eastern states showed higher work participation among elders than in other states (Figure:1). In Goa, the work participation among elders was the least, (6.1%), whereas in Nagaland, elders' work

participation was the highest. In Goa, Chandigarh, Delhi, Haryana and Kerala, less than 25 percent of the elders were working. In West Bengal, Punjab, Andhra Pradesh, Rajasthan, Gujarat, Tripura, Maharashtra, Orissa, Assam, Tamil Nadu, Karnataka, Uttar Pradesh, and Jammu & Kashmir, the work participation among elders was between 25 to 40 percent. Meghalaya, Manipur, Bihar, Sikkim, Himachal Pradesh and Uttaranchal have moderately-high level of work participation, (like 40-50 percent). was observed. In North-eastern states Arunachal Pradesh, Meghalaya and Nagaland, the work participation among elders was very high, above 50 percent.

The all India average work participation rate for elderly women is 14.6 percent. However, large difference was observed in different states. In Delhi, Jammu & Kashmir, Goa, Chandigarh, Assam, Punjab, Tripura, Haryana, West Bengal and Orissa, the elderly women's work participation was low, i.e., less than 10 percent. In states, like Kerala, Uttar Pradesh, Rajasthan, Jharkhand, Bihar, Gujarat, Andhra Pradesh and Karnataka work participation ranged between 10 to 20 percent. It was moderately high in Maharashtra, Manipur, Mizoram, Madhya Pradesh, Tamil Nadu and Sikkim i.e., women's work participation ranged between 20-30 percent. In Chattisgarh, Himachal Pradesh, Arunachal Pradesh, Uttaranchal, Meghalaya and Nagaland, the work participation rate among elderly workers was more than 30%.

Conclusion

India is ageing rapidly. The proportion of elderly population to the total population is increasing at steady pace. There were 10 million workers elderly men and women in 1951. According to 2001 Census, elderly men increased to 39 million and women to 40 million. This highlights that the number of elderly women in India is increasing. More than one-fourth of elderly women working as casual labourers in India is a matter of urgent concern. In rural India, among the ST elderly women the work participation is very high,

The work participation by economic dependency showed that, the work participation rate was high among elders who were not depending on others for economic resources.

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whereas in urban India, it is high among SC and OBC women. In urban India the work participation among elderly women who are fully depend on others for economic resources is 1.5 percent. This highlights that the working status of women reduces their economic

dependency on others. However, the question to research is wether increased work participation in old age is a sign of empowerment of women or vulnerable economic status. In case the later is true, then we must develop a sound social security system for the older women.

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Introduction

Ageing of an individual is conceived as a perpetual process associated with the passage of time. Various studies on ageing suggest that advances in technology and modernization have resulted in the increase of life expectancy and decline in the birth rates of people. Because of this, the twenty first century may be called as the "Era of Population Ageing". This situation has dramatically also given rise to the various issues confronting the elderly, making process of ageing as a challenge before the human society considering its impact on the individuals, community, family and society at large.

In general, family is the most vital non-formal social security for the elderly and most emotionally satisfying place to live in their later life. But owing to the modification and change of the family structure from joint family system to nuclear family, at both rural and urban levels, the responsibility and care for the elderly has reduced. Elders were better adjusted to the joint structure of the extended family in the past, with extended kins taking care and giving support. But, in present time, due to lack of such caring system, taking care of the elderly has become a serious problem (Bose & Shankardass 2004).

Currently factors like urbanisation, education, changing values, better employment opportunities etc. have altered the traditional roles of elderly in the society and in the family. Moreover, one also witness that, many younger person are immigrating to other cities and to countries for better employment, leaving their aged parents behind, resulting in isolation, loneliness and neglect of the elderly. Hence lack of personal care leads to constant search for new forms of care. A new trend is visible, where elders are increasingly moving into their own age cohorts in old age homes in search of care and needed support.

Old Age Homes as an Alternative Form of Care

Currently protection and care of elderly is becoming a serious concern. As a result, of the undermined patterns of family care and changing value system, provision for the care of elderly is increasingly being passed to the domain of institutionalised caring. Though the concept of old age home is still new to the Indian society but the roles of such institutions towards elderly is becoming significant (Shankardass 2000).

Among all the services available to elderly, it is the old age homes that are mushrooming more than services like day care centers, foster adult care center, counseling, help line centers, night shelters etc. One finds a boom in emergence of old age homes especially in cities, as an alternative system of caregiver to the old. Majority of elderly who do not have any security or are widowed or destitute. view these old age homes as their hope of getting security of social and familial environment. There is a large proportion of economically and physically fit elderly find old age home is as a last resort for emotional, psychological and physical care and support.

Citing upon the importance of old age homes, Rani (2001) also argues that in face of lack of primary family care, there are numerous institutions that take care of the old, managed by government, voluntary organisations and Christian missionaries. She opines that though home for the elderly are not in consonance with our culture and background, nevertheless there are good number of elderly who need them, to provide a wide range of services such as residential care, day care, geriatric care, medical care, recreation etc. Many of such homes are urban based, catering only to small segments of total elderly population. Increasing number of old age homes, in both government and private sector have drawn attention to the fact of adequate and appropriate facilities in these homes.

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Old Age Homes: New Face of Old Age Care in India

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As a part of understanding situation of elderly in changing scenario, the present paper attempts to look at two major issues related to the elders. Firstly, it highlights some difficulties that elders face in their later years and prompt them to move to old age homes. Secondly, since old age homes are taking up the role of family in providing care and help to the elders and are becoming significant to many people, this paper also discusses the forms and functioning of such old age homes especially in terms of the services they provide.

Methodology

An exploratory study was conducted with elders living in old age homes in and around the twin cities of Secunderabad-Hyderabad, Andhra Pradesh. The study also extended its understanding on few selected old age homes in order to have an insight on their form and functioning. The homes surveyed were selected from the list provided by Hyderabad office of Help Age India, an organization working for the well being of senior citizens all over the country. Among the forty two listed old age homes fourteen old age homes (two government aided and twelve private) were selected and seventy five elderly residents among them belonging to the age group of sixty and above were interviewed.

There were two sets of questionnaires, one for the organisation (old age home) and one for the elderly respondents. The questionnaires consisted, both open ended and close ended questions. They were structured into several sections such as questionnaire for the residents aimed at their personal profile, their economic status, health status, family relationship, their living arrangement and so on.

The questionnaire for the organisation looked at their forms and functioning and kind of help, support and services they were providing to the elderly. The questionnaires for the residents were administered and filled in both ways, some respondents who knew English (20) filled and completed the questionnaire themselves and for others (55) it was filled and completed by the

researcher in the form of interview schedule in the field area.

Objectives

- a) The objective underlying the study was to map out the old age home scenario in the twin cities.
- b) To identify the reasons or factors that determines them to stay in old age home. With this an attempt were also made to analyze the organisational functioning of the home.

Characteristics of the Sample

All the interviewed elderly respondents, except five, belonged to Andhra Pradesh. Though, they lived in rural areas; but, before joining their respective homes they stayed in the twin city with their children for some time, ranging from few months to few weeks. All the elders were Telugu speaking with some exceptions of those who were able to speak English and Hindi too.

Compared to others, people without their spouses were more in number. There were also few cases (nine), where couples were staying together in the old age home. Further, one or two children of forty one interviewed elders were staying in the city itself and children of respondents were staying abroad.

In most of the old age homes, there were more females than males. Many of the interviewed elders were not financially secure and the expenses for staying in the old age homes were provided either by their children or by other relatives. Forty-eight elderly (61%) from the sample were widowed, nineteen were married (thirteen males and six females), eight had never married (three males and five females) and in two cases elderly were separated from their spouses. In the present study married men outnumbered women. There was predominance of widows over the widowers (eighteen widowers and twenty eight widows).

The educational status of the elderly respondents show that it was only eleven percent (eight) of them were illiterate. A maximum number (twenty) i.e. around

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twenty seven percent of elderly people had studied till graduation. Around thirteen percent (ten in numbers) of them reported to have done post-graduation or diploma like nursing, accounting, photography etc.

It was only about five percent (four in numbers) who knew only the local language i.e. Telugu. Hence in the criteria of education, literacy level of the elderly were observed to be average for both men and women; as most of the respondents were educated and could read and write the spoken language, even if they did not have any formal education.

Major Findings and Suggestions

The major problem confronted by elderly was economic insecurity. The economic situation declines in old are due to inability to work or retirement. In the present study, less than 50% (thirty five) respondents were economically secure as they were receiving pensions and economically independent. The other forty respondents were not receiving any kind of pension (as they were agricultural worker or were in private jobs). Also in comparison to males, more females were economically deprived. There were only fourteen females who were pensioners and out of them six females were getting family pension and others receiving it in honor of their earlier work.

Thirty-five respondents who were getting pensions also included five who are getting social pension of Rs.200 per month. The pension amount ranged from Rs.1,000 to more than Rs10,000. But, there were few people who were doing volunteer work for their old age home. For instance one of the respondents was working as a teacher in a school run by the old age home. Another female respondent was voluntarily working as administrative assistant. There were some other respondents too who were working for the home in one way or other. However, majority of them, both male and female, in the current study stated that because they did not have any economic security, they were financially dependent on their children and kin.

Economic dependence was a main reason

for some of the people to join an old age home. Many elderly were unaware of government scheme for social pension. The amount of old age pension was considered minimal when compared with increasing cost of living. Many of them demanded that the pension amount should be increased.

Health status is also an important issue, affecting situation and quality life of elderly. In the study, forty-six elderly reported to be suffering from some kind of health problem, of which twenty-seven were females. Only twenty-nine elderly stated that they are not suffering from any kind of major health problem. The common health problems reported by them included blood pressure, rheumatism and joint pains, diabetes, asthma, heart disease, hearing problem, paralysis etc. It is observed from the study, that there were some elderly who had shifted to old age homes for the sake of medical care. Though it is not sufficient; but, still better, as they had a constant medical checkup and medication facility. Thus, to tackle this problem, more health planning and more appropriate policies considering older patients as partners in care are required.

The study found some major reasons to chose the old age home. In brief, reasons (Table I) reported by the respondent included: lack of personal care, in some cases financial constraints and incapacity of the family members also made them choose old age home. constant need for medical attention also made some elderly join the home. Four elderly came to the old age home in search of shelter and food. Peaceful and spiritual environment of some old age home, and independent living even in their old days also encouraged some elderly to join these homes. This showed that for older people, the importance of old age home increased due to diminishing care available to them in the family and other related factors. The responsibility and care of elders in the family has also undergone change, due it increasing number of working couples. This also leads to less interaction with children there by making elders isolated and neglected. There were cases in the

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Health status is also an important issue, affecting situation and quality life of elderly. In the study, forty-six elderly reported to be suffering from some kind of health problem, of which twenty-seven were females.

Major Health Sufferings of the Elderly

| Health Problems | Males | Females | Total |
|---|-------|---------|-------|
| No problem | 15 | 14 | 29 |
| Diabetes | 1 | 3 | 4 |
| Paralysis | 1 | - | 1 |
| Asthma | 3 | 1 | 4 |
| Heart problem | 1 | 3 | 4 |
| Blood Pressure | 2 | 5 | 7 |
| Joint pains | 2 | 2 | 4 |
| Hearing problem | - | 1 | 1 |
| Blindness | - | 2 | 2 |
| Speech defect | - | 1 | 1 |
| More than two health problems mentioned above | 7 | 6 | 13 |
| Other | 3 | 2 | 5 |

The study also revealed that many elderly living in old age homes, had children on home they were dependent, but missed contact with them.

Reasons Reported by Elders for Moving to Old Age Homes.

| Reasons | Males | Females | Total |
|-------------------------------------|-------|---------|-------|
| No caregivers | 21 | 24 | 45 |
| Due to health problems | 2 | 3 | 5 |
| Adjustment problem | 2 | 1 | 3 |
| Tension in family | 1 | 3 | 4 |
| No home and shelter | 2 | 2 | 4 |
| Do not want to be dependent | 3 | 4 | 7 |
| For peace and spiritual environment | 4 | 3 | 7 |

study, where the elderly were living in old age home, despite having at least one child living in Hyderabad city.

The study also revealed that many elderly living in old age homes, had children on whom they were dependent, but minimal contact with them. It was seen that frequency of phone calls which they received or made were limited to once or twice a month. Even meeting with each other was monthly or sometimes once in two or three months. Their interaction depended more on the needs, payments etc. Many elders reported that they did not visit the children regularly and met them only during some festivals/occasion or for major medical treatment.

In such circumstances, elders chose old age homes, where they would meet like-minded people and where they could have much better social interaction. Most of the respondents were happy to be in the old age home as they were able to interact with people from their own generation.

Paid & Free Old Age Homes

There are two kinds of old age homes in the city; paid & free. The choice depended on their economic status. In comparison to free homes in Hyderabad, there are more paid homes. By observing the fourteen homes for the study and data collected from them, it could be concluded that, the homes differ in many aspects. There was difference between free and paid homes, even within paid homes. It was found that all the surveyed homes were open to both males and females, except one which admitted only female elderly. Most of the homes were of secular orientation and also did not have caste bias.

As far as funds for running old age home were concerned, it are observed that only one home, was supported by the central government, and was a free facility. There was another free home, which also got financial support from state and central government ; charged one time initial admission fee of Rs.300. Other homes

were operating mainly through the fees and charity or donation. Five homes were running on charity and monthly fees of resident, two homes on charity, residents' fees and NGO's help.

The sample old age homes, no doubt had motive to help and support elderly by providing different facilities such as food, shelter and care; but, it was found that, these homes differed from each other in many ways. The kind of environment and services provided to elders in free homes i.e. government aided homes were quite different from the paid homes. The location and building of old age home, furnishings food, entertainment facility, etc. differed in free and paid homes. In the study, two free homes in the sample were quite different from each other in terms of provisions available to them. In one home, all residents were staying in a single big hall and were provided with minimum furnishings. Along with that, they had to help in whatever way they could for managing the home. However the free home was much better, and had better services for the elderly.

Similarly, various paid homes, which were surveyed for the elderly, differ from each other in various aspects in terms of the facilities they were providing. It was found that, monthly payment in some homes was more than the other homes; based on the provision of better facilities to elderly. In one paid home, where residents were staying in a private two storey flat, they paid Rs2,500 monthly. This home was providing them only food and shelter. In comparison to this home, other paid homes were much better and charging less for their services. Another home charged Rs.1,500 to 3,000 per month depending on kind of lodging arrangement. In this home the admission was permitted only if elderly had given some amount (Rs.30,000 to 50,000) as a deposit. Thus, various old age homes of different class and nature were found. Some of them providing elderly better care with better facilities; whereas others were giving them just the basic minimum.

Since elderly spend most of their time within the premises of old age homes, so there were some homes which provided facility of indoor games to elderly, like

carrom board, ludo, chess etc. Further there were only five homes which sometimes took elderly for picnics or outings to some parks or to some religious place or *ashrams*. Television in some homes was also another source of entertainment for the residents along with a couple of newspapers both English and Telugu. Some of the homes also had provision of old magazines and books. However, in one home, television was the only source of entertainment for the elderly and newspapers or books had to be purchased by the residents.

It was observed that among various reasons medical aid was one reason for staying in home. In the sample homes, medical doctor/s paid visit periodically to treat and advise the elderly. In five homes, doctor came weekly for checkup; in three homes fortnightly and in other three, doctor came everyday. In two homes, one doctor visited everyday and one fortnightly and one weekly.

Though in the old age homes medical care was provided, but it was seen that in all the homes whether free or paid, elderly were expected to make their own arrangements for their other major medical requirements like operations, surgery and similar medical treatment. Most of the homes kept stock of medicines that were usually required for common problems. For other medicines prescribed to the elderly by their doctors, residents had to make their own arrangements. Thus, it could be stated that medical help available to them in homes was limited.

The functioning of old age homes and the facilities available highlighted the distinction between different classes of old age homes and different categories/class status of elderly. They differed in kinds of services they provided to the elderly. Among the paid homes, it was observed that, more the facilities, more costly was the old age homes. As for the low income group of elderly there were free or less expensive homes. There were homes which charged Rs.2,000 to 2,500 per month allowing middle class elderly to get admission, whereas the better ones, which catered to the need of more well off elderly charged much more.

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The elders are seeing old age homes as an alternative to care in the context of lack of family care. Among such elders, on the one hand we have elders from the upper class staying in paid homes enjoying all kinds of facilities and active life. On the other hand, is a vast majority of people who are not able to live a decent life due to lack of resources hence staying in homes which are less expensive and comfortable (low paid or free homes). Looking at the trend, one could safely conclude that the demand for institutions like old age home could increase in the future.

Conclusion

Lack of care, emotional attachment in the family made many elderly look at other source of care. Next to family care, elders are considering old age homes as better alternative. So, with their services and facilities, many elderly find these homes as next best solution for spending their later

years. However, till now they are more common in urban areas; but, one can not ignore the fact that these homes will also become the part and parcel of the elderly life in rural areas in coming years. Also though these homes have become a necessity, yet many elderly can not make use of such homes, they cannot afford such costly homes.

Considering the growth and nature of old age homes, we should change our perspective. Now Old Age Home does not mean the homes meant for destitute and for those who are abused by the family; but, now old age homes for many have become more as a place where one can go and spend last stages of their life in peace. They have taken the root in a more prosperous way identifying themselves more as senior citizens residence, resorts, enclaves, societies etc. Most importantly, these homes are providing care and elderly resident are happy in these homes.

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Initial Symptoms of Dementia

Dementia (means “deprived of mind”) is the progressive decline in cognitive function due to damage or disease in the body beyond what might be expected from normal aging. Dementia is a non-specific illness syndrome (set of signs and symptoms) in which affected areas of cognition may be memory, attention, and problem solving. Higher mental functions are affected first in the process. Especially in the later stages of the condition, affected persons may be disoriented in time (not knowing what day of the week, day of the month, or even what year it is), in place (not knowing where they are), and in person (not knowing who they are or others around them).

Dementia, though treatable, is incurable. As the brain loses its capacity to perform normal functions, the individual becomes increasingly insecure and unable to relate to his/her daily life. Due to this frustration builds up leading to aggressive behaviour: shouting, beating or hitting the family members. The patient feels that his/her behaviour is normal it is the people around him who do not understand. After period of time the personality of the patient gets completely altered. S/he becomes a totally different person. S/he becomes withdrawn or unresponsive.

At present, there is no cure for the disease. It is progressive and ultimately leads to death. However, this does not mean that nothing should be done for the patients. Proper care could make the life of the patient's last phase of life pleasant and comfortable.

It is established that these patients are more prone to common infections like cold and pneumonia, often needing prompt medical attention. Medical health specialist are also needed for the management of psychological problems like depression, aggression, hostility and despair. Nutritionist should be consulted to ensure maintenance of nutritional level as gradually the patient's appetite and eating skills deteriorate. Caring for such patients at homes is a tremendous responsibility and most often a burden, which takes its toll on immediate care giver.

HelpAge India's initiative

HelpAge India's Day-care Centre for Dementia patients in Patna is a pioneering effort of the organisation in the direction of hitherto neglected issue about care of older persons afflicted with dementia. After hectic preparations and meticulous planning of more than three months beginning from 25th July 08, the project started on 3rd Novver '08. Planning and preparation included staff recruitment, functioning of the centre, understanding the programme, compatibility of each staff engaged in the project etc. The project was designed to cater to the needs of twenty patients. Ministry of Social Justice and Empowerment provided financial support to start the project

The Centre provides day care to older patients suffering from dementia & other psychological disorders. The center operates from 10 am to 3.30 pm from Monday to Friday.

Objectives of Dementia Day-care Centre

- To identify the patients having loss of cognitive ability and to categorise them as treatable and non-treatable cases.
- To provide Home Care Service to the Geriatric and dementia patients.
- To disseminate information on dementia to the general public.
- To find destitute older persons suffering from this disease and provide relief.
- To provide home care to patients in the third stage of the disease, when the patient loses all the strength and becomes completely dependent on carer.

Other Important Facts

The Centre has ample space for medical consultation, physiotherapy, bathroom, kitchen, activity hall, dining, balcony and office. The building is disabled friendly.

The staff includes Programme Coordinator with the primary responsibility for effective management and administration of the

Day Care Centre for Dementia Patients in Patna

HELPAge ACTIVITY

**Patients as well
their peers and
care takers coming
to Dementia Day
Care Centre are
counseled by the
psychiatrist.**

Centre, plan and organise activities, medical files and check up of patients, counsel family members/carer, coordinate and supervise staff, financial matters.

The doctor provides good medical care to the patients. He does regular check up, maintain record, indent medicines, prepare diet charts and counsel families of the patients.

The nurse assists the doctor for medical check up of patients, preparing medical record register of each patient, dispense medicines and also involve in the activities performed by the patients, supervise the meals and other services to the patients.

The physiotherapist provides physiotherapy treatment to the patients who require such intervention, maintain record of the same and suggest and supervise the exercise and other medical instruments/gadgets required for the same.

The Centre also has three support staff members who assist in performing all the routine activities.

The doctor has prescribed a daily diet chart for the patient that includes nutritious snacks like poha, upma, fruits, tea biscuits etc.

Activities

The routine activities of the Centre are planned in advance. The activities are designed to keep the patients usefully occupied and ensure exercise of their mental faculties. The activities include: interactive session & prayer; indoor games - Ludo, carom, cards; quiz- framing of phrases, riddles; Pranayam and 'OM' chanting.

Profile of the Patients

There are 14 male and 6 female patients in the Centre. The age ranges from 55 years to 92 years. The average age of the patients is 71 years. The oldest female patient is of 80 years and male is of 92 years.

Patients as well their peers and care takers coming to Dementia Day Care Centre are counseled by the psychiatrist. Many new elderly people along with their companions visited the Centre. Regular patients are very happy and comfortable at the Centre. The coordinator of the Centre also helps in all the activities for running the Centre successfully. The team is trying hard to increase the number of patients to 30 so that an average flow of patients remain at 20 per day, so as to provide care to more demented elderly patients in Patna.

A Case of Positive Effect of DDCC on a family:

This centre has proven to be a boon for community and one of the families Mr. Sunil (name changed), an income tax lawyer by profession, has disclosed that the income of their family has increased after his father got admission in the DDCC. He claims that now he is able to work with full concentration as he is not worried about care of his ailing father.

Debabrata Ghosh
Senior Manager
HelpAge India
Patna

Introduction:

A person who is above 60 years is commonly considered as the Elderly. Recently, however, social scientists have begun to identify specific group within the growing population of older persons. People between the ages of 60 and 70, who are still inclined to be healthy and active, are called the "young old". Those who are 70 to 80, a group that is more likely to require support services, are the "old-old". Those who are above the age of 80 may be termed as the "oldest-old". Another group, the "frail elderly", consists of people over 60 who, because of poor health or economic problems, cannot carry out the basic activities of life without help.

Vulnerability of Elderly

One of the biggest worries that elderly people are subjected to, is crime or the fear of crime. The impact of crime is very severe among the old because, they often have limited budgets, frequently live in inner city neighborhoods, where crimes are more common and may be injured more easily in the course of crime. Physical handicaps such as vision or hearing loss can make the old easy pray. With diminished strength, older people are less able to defend themselves or escape from threatening situation. The crimes which are mostly committed against these people are, theft, burglary, cheating, physical assaults etc. Even in the absence of crime; these people live in fear of crime because of their vulnerability. Sometime the fear of crime can be as harmful as crime itself. Fear is useful, if it encourages appropriate protection. But experiencing endless fear over a long period can be harmful to one's physical and mental health. Even the rich old are not spared from crime or crime related fear. Many elderly people are living alone in the posh areas of Delhi. These people are living a lonely life and have been left alone to look after themselves with the help of hired servants, cooks and security guards.

From 2001 to 2006, according to, National

Crime Record Bureau (NCRB) 246 citizens above 50 yeras were murdered in Delhi. (19,504 citizens all over India in the same period), see table on page 31. Criminologists have viewed this situation not merely as a law and order issue; but, with serious sociological implications. They feel that these murders are extension of the isolation of old people in the society.

With the advent of western culture and modernization, the aged have become isolated from the main stream. They simply do not fit into the new pattern and form of the society.

Another important reason behind the murders of rich old people is the lack of communication with their neighbours. Most of them live in big houses which are separated physicaly & socially. They generally do not informaly socialise with neighbours. Therefore, they have desperate urge to talk to people, which drives them to open the door at first knock, thereby making them vulnerable to criminal acts.

Definition of Crime

It is highly improbable that there is a common definition of crime in all countries. But, there is no question that its components will essentially be the same such as pain, loss, anguish, injury which an act causes to some other human being or human society directly or indirectly and such acts; if they go on unchecked, are likely to provoke reprisals or disorder or disorganisation. Societies everywhere have deemed it necessary to prohibit them and to enforce compliance, have decreed them to be punishable either with death, imprisonment or fines or some other penalty.

In sociology, crime is the breach of a rule or law for which some governing authority or force may ultimately prescribe a punishment. The word crime originates from the Latin *crimen* (genitive *criminis*), from the Latin root *cerno* and Greek *KPIVW* which means "I judge". Originally it meant "charge (in law), guilt, and accusation."

HELPFUL TIPS

Crimes Against Elderly: A Critical Analysis

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HELPFUL TIPS

There are many ways in which behaviour can be controlled without having to resort to the criminal justice system.

When society deems informal relationships and sanctions insufficient to create and maintain a desired social order, it results in more formalized systems of social control, imposed by a government, or more broadly, by a State. With the institutional and legal machinery at their disposal, agents of the State are able to compel individuals to conform to behavioural codes and punish those who do not.

Various mechanisms are employed to regulate behaviour, including rules codified into laws, policing people to ensure they comply with those laws, and other policies and practices designed to prevent crime. In addition, these remedies and sanctions collectively constitute a criminal justice system.

Not all breaches of the law, however, are considered crimes, for example, breaches of contract and other civil law offences. The label of "crime" and the accompanying social stigma are normally reserved for those activities that are injurious to the general population or the State, including some that cause serious loss or damage to individuals. The label is intended to assert a hegemony of a dominant population, or to reflect a consensus of condemnation for the identified behavior and to justify a punishment imposed by the State, in the event that an accused person is tried and convicted of a crime. Usually, the perpetrator of the crime is a natural person, but in some jurisdictions and in some moral environments, legal persons are also considered to have the capability of committing crimes.

A normative definition views crime as deviant behavior that violates prevailing norms—cultural standards prescribing how humans ought to behave normally. This approach considers the complex realities surrounding the concept of crime and seeks to understand how changing social, political, psychological, and economic conditions may affect the current definitions of crime and the form of the legal, law enforcement, and penal responses made by society. These structural realities are fluid and often controversial.

Similarly, changes in the way that crime

data are collected and/or calculated may affect the public perceptions of the extent of any given "criminal problem". All such adjustments to crime statistics, allied with the experience of people in their everyday lives, shape attitudes on the extent to which law should be used to enforce any particular social norm.

There are many ways in which behaviour can be controlled without having to resort to the criminal justice system. Indeed, in those cases where there is no clear consensus on the given norm, the use of criminal law by the group in power to prohibit the behaviour of another group may be considered an improper limitation of the second group's freedom, and the ordinary members of society may lose some of their respect for the law in general whether the disputed law is actively enforced or not.

Forms of Crime:

Some of the basic forms of crime in the society which may affect easily the life of the vulnerable elderly are mentioned below:

- **Theft:** Theft is common crime in India. It is the crime of stealing something from a person or place. (Burglary, Robbery, Mugging).
- **Kidnap:** To take somebody away illegally and keep him as a prisoner, especially in order to get money or something else for returning him.
- **Pickpocket:** A person who steals money, etc. from other people's pockets, especially in crowded places.
- **Cheating:** To trick or deceive somebody, especially when they trust the other person.
- **Abuse:** Offensive statement vouched in foul and violent language in regard to native country, caste, family and so forth of another person was termed abuse. According to Brihaspati, injury was of two kinds, harsh speeches and physical injury. (Various types of abuses: mistreatment, cruelty, ill-treatment, violence, maltreatment, neglect, exploitation, misuse,

manipulation, taking advantage, mishandling, misapplication, insults, verbal abuse, swearing, name-calling, foul language, treat badly, mistreat, molest, be violent toward, batter, hurt, harm, injure, shout abuse, hurl abuse).

- **Assault:** Attack or fear of bodily harm, an unlawful threat of bodily violence or harm to somebody else, or an attempt to do such violence or harm.
- **Murder:** Law crime of killing somebody, the crime of killing another person deliberately and not in self-defence or with any other extenuating circumstance recognised by law.

Crime Rate

The National Crime Rate is calculated by dividing the number of reported crimes by the number of people in the country, and then expressing the result as a rate of crimes per one lakh people. For example, if there are 19,555 reported cases of murder and the estimates of nations population is 218,059,000, then the murder rate per 100,000 people is calculated as follows;

$$\frac{19,555}{218,059,000} \times 100,000 = 9.0 \text{ per lakh.}$$

It is important to mention that as cultures change and the political environment shifts, behaviour may be criminalised or decriminalised, which will directly affect the statistical crime rates.

Law Enforcement Agencies in India

Role of Police in India

The concept of police in a welfare state not only includes social justice; but, also the idea to service to the people. Under this concept, police performs a number of duties which are strictly speaking, not a part of their statutory work. The role of the police should also be examined in this content. Tracing the missing children, helping the old and the invalid, service in the fares and festivals, rendering help to the victims of fire and natural calamities, and traffic guidance are some of the examples of this kind of police activity.

The work of the police department increased enormously also on account of increasing population, urbanisation, labour and student unrest and political agitations.

This brings for discussion the question of police public relations. This aspect of the police has been examined as the prerequisite of the successful administration, whether it is the preventive work of the detection and control of the crime, the success of the police to a large extent, depends of the willing cooperation of the people. The expanding role of the police has brought out the increasing need for the public cooperation.

The concept of social legislation and social defence called not merely for enforcement but also for effective propaganda and persuasion. This presupposes the back ground of cordial relations between the police and the public. In this contest the efforts made by the police department towards the improvement of public relations have been discussed. The code of the police conduct, publicity campaigns, public contact programmes, complaint schemes, flying squad (PCR), and press service are the some of the means adopted by the state police for conducting public relations and to reduce crime in the society. Hence the police in the present contest is supposed to be a service.

Moreover, the term is used in the Police Act 1861 is 'police force' and not the civil police. Hence the civilian character of the police should also be given statutory reorganisation. The efforts of establishing better rapport and ensuring better and greater cordiality with the public, the police should take the initiative rather than to wait for the attitudinal change in the people themselves.

Role of Judiciary

The judiciary is the base for much power because it makes final decisions. Thus the judicial system, the prosecuting attorney, and the police all play an important part in determining the quality of law enforcement and the political atmosphere of the community affects all three components. The policeperson, because

HELPFUL TIPS

The work of the police department increased enormously also on account of increasing population, urbanisation, labour and student unrest and political agitations.

HELPFUL TIPS

When the court system in general does not operate effectively it is criticised. Some of the most often heard complaints by the community are: inequities in sentencing, abuses in plea bargaining, overloaded court dockets, selective justice and problems in the bail bond system.

s/he makes initial contacts with the offender, is often the one blamed for the inadequacies of the criminal justice system. To be sure, s/he does play an important part, but the blame/credit should be shared (or the credit) by the other components of the system and ultimately, the political power structure of the community. Supervision of, and assistance to the police by the judge and the prosecuting attorney is often lacking, because it is easier and more convenient for the policeperson to take the blame for the inadequacies of the system. Lack of such supervision and assistance gives the judge and the prosecuting attorney more room for "political" maneuvering.

When the court system in general does not operate effectively it is criticised. Some of the most often heard complaints by the community are: inequities in sentencing, abuses in plea bargaining, overloaded court dockets, selective justice and problems in the bail bond system. The most pressing priorities for the court are to speed up court processes and develop alternatives to pre-trial detentions. If the sentencing are made without long delay, the effect of the court in the public will increase and the fear of immediate punishment will keep the people away from doing wrong.

Constitutional and Legal Safeguards For Older Persons

The Constitution of India in its Article 41 specifically states "The state shall within its limits of economic capacity and development make effective provisions for securing the right to work, to education and to public assistance in cases of unemployment, old age sickness and disablement and in other cases of undeserved wants". This provision is one of the Directive Principles of State Policy, which are considered fundamental to the governance of the country and, "It shall be the duty of the state to apply these principle in making law" [Article 37]. In Constitution of India, entry 24 in list III of Schedule VII deals with the "Welfare of Labour, including conditions of work,

provident funds, liability for workmen's compensation, invalidity and old age pension and maternity benefits.

In addition to these, Section 125 of CrPC, 1973 makes it incumbent for a person having sufficient means to maintain his father or mother who are unable to maintain themselves. The Hindu Adoption and Maintenance Act, 1956 too recognizes the obligation of a person to maintain his or her aged or infirm parent(s) [Section 30(30)].

- Item No. 9 of the State List and item 20, 23 and 24 of Concurrent List relates to old age pension, social security and social insurance, and economic and social planning.

Legal Provisions

- "Hindu Adoption and Maintenance Act, 1956"
 - Maintenance of aged and infirm parents obligatory
- Criminal Procedure Code Section 127 (Cr.P.C.)1973
 - Also ensures maintenance of Infirm and Aged
- Domestic Violence Bill 2005
- The Widows Protection and Maintenance Bill 2006
- Maintenance & Welfare of Parents & Senior Citizens Bill 2007, Promulgated on December 31, 2007.

Salient Features of Act 2007

- Maintenance of Parents and Senior Citizens
- Places a legal obligation on children and relatives to maintain the Senior Citizens and Parents
- Maintenance Tribunals to be set up
- Old Age Homes in all Districts
- Helpline services in big cities
- Legal aid services.
- Friendly Vigil by the police.

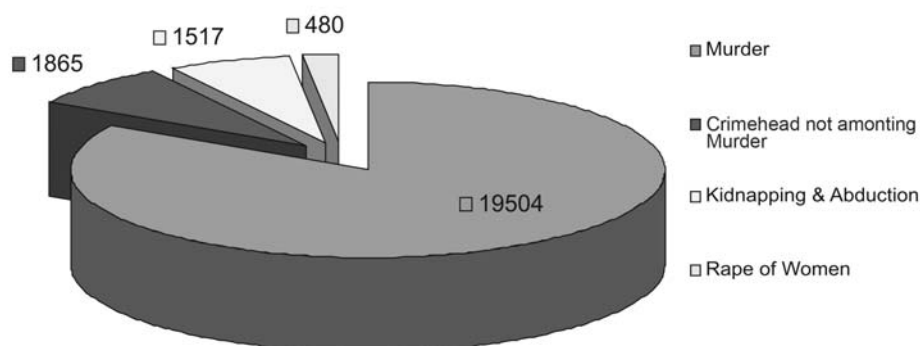
Statement of the Problem

As stated earlier, from 2001 to 2006, according to NCRB, 246 citizens above 50 yeras are murdered in Delhi (19,504 citizens all over India). Criminologists have viewed this situation not merely as a law and order issue but with serious sociological implications. They feel that these murders are extension of the isolation of old people in the society. The

elderly constitutes a vulnerable group in society and are easy targets for criminals. As responsible citizens of the country it is our duty to protect the life and property and ensure safety of the senior citizens.

The author is from police organisation and had underteken this research with a view to analyse the level at which crime and aduse affects elderly and what could be done to present it or to deal effectively with it.

Fig. 1: Major Crimes Against Elderly in India 2001-2006



The major crimes committed against elderly from the year 2001 to 2006 are represented above Fig1. The murder against the elderly take the lead, which is an alarming factor. It is probably because of the vulnerability of the elderly, that they become the soft and easy targets for criminals.

Objectives:

- To know about the situation of crimes against elderly in India;
- To know the factors responsible of crime against elderly;
- To analyse the consequences of crime against elderly;
- To find out the ratio of crime against elderly in comparison with other groups.
- To suggest remedial measures to minimise crimes against elderly.

Review of Literature

'The Crime Problem' (Reckless, 1980), a realistic and systematic study of crime in

the United States, its closely affiliated problems and measures to combat it. Ideally, criminology should represent a comparative study of criminal behaviour and the various methods of dealing with it.

The study has presented the approaches to the etiology or causes of crime. It attempts to single out the specifics of female crime and the abnormal sex offenders in a detailed manner. It focused on the nature of punishment, changes in the system of punishments, the rise of and the substitutes for, imprisonment, prison development in the United States.

This study deals with the latest development in organized crimes, the resolution of the controversy among sociologist regarding white-collar crime, alcoholism, the problems of teen-age drug addiction etc.

The study has viewed crime not as a generic behavioural phenomenon; but, as several different orders of behaviour. The specific orders of criminal behaviour is perceived to be more scientific than the

HELPFUL TIPS

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HELPFUL TIPS

This study deals with the latest development in organized crimes, the resolution of the controversy among sociologists regarding white-collar crime, alcoholism, the problems of teenage drug addiction etc.

crime which is generalized. Through the use of case studies and other first hand data, the study of crime in the United States gives a distinctive flavour of the field.

According to 'The Anthropology of Violence' (Riches 1986), "Violence is understood best when it is examined over a range of cultural settings, and in a full variety of social situations". Such is the view by the study about one of the most intractable phenomenon in the contemporary human society and its findings stem from field studies in which they were immersed in the 'community' or 'small-groups' level of society.

The study deals with violence in its many different forms (from simple threat of violence at one extreme to homicide at the other) and in a very wide range of social settings (from Amazonian Indians to Northern Ireland).

In 'Law and the Aged' (B. Sivaramayya, 1999), is compilation of the various laws which is in favour of the elderly. Here he brings the relevant Articles from the Indian Constitution and different Acts in connection with elderly such as:

- Article 15, The Constitution of India (Fundamental Rights)
- Article 21, The Constitution of India (Right to Life)

Inheritance right of the old:-

- Hindu Succession Act, 1956 (HAS)
- Islamic Law of Inheritance
- Indian Succession Act, 1925
- Cr. P. C. Section 125

Compensation for the Death:-

- Rights of Parents
- Fatal Accidents Act, 1955
- Workmen's Compensation Act, 1923

According to (N.S. Saxena (1999) in his study 'Crime and Violence against the Aged') all those who have anything to do with crime situation in India, know that cases of crime and violence against the aged are increasing. The study covers

subjects like concealment and minimization of crime, crimes and weaker sections, increase in older people and their Problems, misuse of police (by politicians), order according to the politics and not according to the Law, criminalization of politics, increase in corruption, aged safety scheme etc.

The study criticises the official statistics which shows the continuous decreases in crime per lakh of the population. The study points out that, when crime increases the weaker sections in the population are hit hardest and the aged are one of those weaker sections who are affected most.

Owing to the decline in the joint family systems many old people have to live alone or with younger members of the family, who are out in the day time for work. Thus the aged became a soft target to the criminals. Unfortunately, the criminals have become very bold because the criminal justice system in India is soft and dilatory hence very few are punished. Approximately a lakh of persons are murdered every year in India; but, not even one hundred are punished. While about 70% security of the aged depends on general improvement in the crime situation in India, yet a special scheme for the aged should be drawn up.

The study suggests that there should be a close rapport between the Beat police and the Special Police Officers in the area. And, for this there should be a more honest police force, which is devoted to public service and is not oriented simply to serve the elite and politicians in power.

Rachel H. Pain (1995) published 'Elderly women and fear of violent crime'. The study assesses existing explanations of the relationship between the risk and fear of crime amongst elderly people. These have tended to assume an incongruity between levels of fear and the chances of victimization. It is argued that the significance of gender has previously been understated and that the temporal and spatial parameters to conceptualizations of 'risk' have been unduly narrow. The study revealed that, elderly women were no more concerned about violent crime than younger women and the nature of their

concerns bore closer relation to risk. Moreover, it contended that domestic violence against elderly people is considerably more prevalent than is generally acknowledged. It is argued that age structured relationships be retained in analyses of fear of crime as a determinant of actual rather than perceived risk.

McCoy (1996) presented a study on "Life situation and older persons' fear of crime". The study was based on a survey of 1,448 elderly residents of Dade County (Miami), Florida. The impact of fear of crime on status characteristics, victimization experience, and various measures of life situation were assessed. The study concludes, firstly, in contrast to much academic and popular commentary, the elderly did not appear to have high levels of fear. Secondly, evidence exists that victimization experience increases, but is not the main determinant of fear. Thirdly, the inclusion of life situation variables markedly improved the explained variance for both measures of fear of crime, thus supporting the utility of this line of inquiry. Fourthly, consistent with previous studies, dissatisfaction with neighbourhood and vulnerability were important correlates of fear of crime.

The study compares perceptions of insecurity and fear of crime in Scotland and Iceland (Kristjansson, 2007) and shows how these perceptions are related to social factors in the two countries. Independent samples t-tests and stepwise multiple linear regression models are used to analyse comparable data from surveys in the two countries.

The regression models show that social integration and smaller differences between households and neighbourhoods in terms of income and class are associated with greater perceptions of insecurity. The study, therefore, suggests that perceptions of insecurity are higher in Scotland than in Iceland because the population is more homogeneous, with stronger social integration, less pronounced class and income differentials, and less polarization between neighbourhoods. The wider implications for understanding perceptions of insecurity at different levels of analysis

(macro and meso) are also discussed.

J. A. Hollander (2001) in the study 'Vulnerability and Dangerousness' suggests that beliefs and conceptions of gender are constructed and transmitted through conversation. Using data from 13 focus groups, the study demonstrates that ideas about gender and its relationship to vulnerability and danger are pervasive in talk about violence. This talk is further marked by ideas about age, race, social class, and sexual identity. These ideas are based, in part, on shared beliefs about human bodies, which reinforce the perceived naturalness (and therefore the invisibility) of these ideas. The study concludes with a discussion of the consequences of these ideas for the daily lives of the elderly.

According to F.W. Winkel, 1987, 'Mass media campaigns are increasingly being used as a crime control strategy'. Some of these are campaigns designed to encourage potential victims to take simple precautions to reduce opportunities. Generally, this strategy has been considered innocuous: at worst, it has been thought that campaigns will fail to produce their intended effects. Response generalisation theory, developed here, contradicts this notion. The core of the theory is that communication might also result in unintended and unwanted effects, e.g. by stimulating the extent of public agreement with undesirable reactions to crime, experimental results confirm this hypothesis. Those exposed to such messages show high communicative and emotional involvement with crime, or a high risk-assessment. The implications of response generalisation for crime prevention campaigns are discussed and strategies for avoiding these side-effects are proposed.

The study "Explaining Fear of Crime", (G. Andrews, 1998), construct a model for explaining "fear" of crime by using the relevant literature to identify possible factors and making out a *prima facie* case for each by examining data from the second British Crime Survey. Using Logit analysis this model is tested on data derived from the same survey. The study reveals that such factors as gender, age,

HELPFUL TIPS

The study revealed that, elderly women were no more concerned about violent crime than younger women and the nature of their concerns bore closer relation to risk.

HELPFUL TIPS

These studies try to figure out the reasons for the crime against elderly. But, the studies are not dealing much with the measures to minimize the crime against the elderly.

race, neighbourhood cohesion, confidence in the police, levels of local incivility, experience of victimisation, and perception of risk and assessment of offence seriousness all combine to form a theoretical account of "fear" which has strong empirical support. On the basis of these findings, study concludes by making some suggestions for policies to reduce this "fear".

R.L.Lagrange, 1987, in his research on 'The Elderly's Fear of Crime', reveals that the pervasiveness and intensity of fear in the United States is substantially higher among the elderly than younger persons. The relationship between age and fear of crime is seemingly paradoxical because the elderly tend to be least often victimized. This article critically assesses much of the research on fear of crime among the elderly. The analysis shows that (1) several of the standard fear of crime measures are poorly operationalized, and (2) estimates of the extent of fear of crime are highly dependent on the type and quality of operationalization. It concludes that the amount of fear experienced in the everyday lives of older persons has been overstated. Implications for policy and suggestions for further research are offered.

These studies are covering some surveys on crimes, research on fear of crime of elderly, legal support for the elderly, their vulnerable and dangerous situation, violence, insecurity and role of mass media in prevention of crime etc. These studies try to figure out the reasons for the crime against elderly. But, the studies are not dealing much with the measures to minimize the crime against the elderly. It is the need of the hour to find adequate measures to prevent violence against this vulnerable group.

Methodology

The present study was based on secondary data like books, journals, magazines, census, newspapers, research reports, internet and the organizations who provide assistance to the elderly victims of crime like HelpAge India, Agewell

Foundations, and Senior Citizens Security Cell, Delhi Police.

Conclusion and Suggestions

It is not enough for government agencies to pour resources and manpower into the fight against crime, without the involvement, concern and cooperation of our citizens, government efforts will be barren and ineffectual. In fact, older persons are victims of similar crimes as are younger persons, although at different rates and with different consequences.

Unfortunately, most criminologists, sociologists other experts and officials at ground level are more interested in generalising rather than in presenting the specifics of crime in their own country.

Crime Prevention Measures

Crime prevention and control methods have been well defined over the past fifty years by the social scientists and criminal justice professionals. Measures taken to address crime prevention are sometimes referred to as situational or direct measures: measures of crime control are sometimes referred to as social or indirect measures.

In a recent U N survey of International Crime Prevention Methods, three categories of crime prevention and control programmes have been identified: (1) Social measures, (2) Situational measures, (3) Community crime prevention.

Crime prevention is the traditional focus of the Criminal Justice System and concentrate heavily on opportunity reduction techniques. The public are made aware of their responsibility of prevention of crime and the techniques of reducing opportunities of crime on public transportation systems, parks, public housing and other public space are made available to them by introducing specific programmes. It should be noted that many crime prevention programmes depend on the cooperation of a variety of public and private agencies in addition to the criminal justice agencies.

Some Guidelines for Safety and Security of Elderly

Analysis of crime against senior citizens has shown that they have been victimized by their servants, casual labourers, relatives and other persons finding them easy targets for depriving them of their cash and valuables. Hence, it becomes imperative for the elderly to take precautions for the safety of their life and property. Some of the methods can be adopted to prevent crimes are:

- Install good locks/auto locks on doors and windows. Also, use door chains, magic eye and strong grills on the doors and windows. The rear courtyard should be covered and front and rear lights should be switched on at night.
- If any stranger enters the house (or found loitering around the house), first ensure personal safety by locking yourself inside a room and immediately inform the police control room and the local police station/beat staff giving clear address of your house. Mobile phone would be useful under such situation.
- Give intimation to local police station or the beat staff whenever alone in the house for a long period of time or out of town.
- Take initiative for the police verification of servants, drivers, chowkidars, tenants etc.
- Take services of casual labourers like painters, carpenters, plumbers, electrician, AC/Refrigerator/TV mechanics etc. only after prior personal verification or on the recommendation of any known person or the RWA.
- If a person visiting you poses as a representative, salesman, etc., demand identification and credentials be slipped under the door. Call the employer to verify the business. Immediately inform the police if you find anything suspicious.
- While sleeping, keep the door of your room locked from inside.

- Never keep large amount of cash and jewellery at home. Keep caring attitudes towards your servants but never allow them to be very close.
- Go for installation of neighbourhood alarm system.
- Maintain good neighbourly relations for spontaneous help. Keep watchful eyes over the activities of labourers working in your neighbourhood.
- Keep telephone numbers of local police/police Helpline/emergency services/neighbours etc. so that in case of any mishap immediate help could be sought.
- Use a safety latch to allow only partial opening of the door.
- If possible, keep a dog.
- Always go out in a group for evening/morning walk.
- Be in touch with the beat police officer, keep his telephone number ready.
- Keep photograph and finger prints of servants.
- Keep an eye on visitors of your servant.
- Don't boast of your prosperity to anyone.
- Don't make an ostentatious display of cash and jewellery.
- Don't trust strangers and don't open the door to unidentified people.
- Don't ignore any suspicious incident. Inform police.
- Don't allow your servant's visitors to stay with him.

Some other methods usually followed by various law-enforcing agencies around the globe to prevent crimes are mentioned here.

- Police Beat Program
- Police Beat Shop Fronts
- Neighbourhood Police Beats
- Police Beat Locations

HELPFUL TIPS

It should be noted that many crime prevention programmes depend on the cooperation of a variety of public and private agencies in addition to the criminal justice agencies.

HELPFUL TIPS

Police Beats provide a strong, localised policing presence in residential areas, shopping centres and central business districts to prevent and reduce crime.

Police Beats:

The Queensland Police Service currently operates 46 Neighbourhood Police Beats and 49 Police Beat Shop Fronts across the State, with a number of other sites currently under construction there.

Police Beats provide a strong, localised policing presence in residential areas, shopping centres and central business districts to prevent and reduce crime. It is a good factor that our police are also doing it but should be improved.

- Domestic Violence
- Domestic Violence Liaison Officers
- Domestic Violence Orders
- People with Disabilities
- Elder Abuse

Home Assist Secure

The Home Assist Secure Programme has

been established in areas throughout the state that were identified as having a high percentage of older people and people with disabilities.

Neighbourhood Watch

Neighbourhood Watch is a programme organised by the community in order to reduce residential crime. Householders are encouraged to join together in small informal groups for the purpose of improving the safety of their families and other neighbourhood residents

A few other safety measures which are to be taken into consideration are mentioned below:

Internet Warning, Neighbourhood Watch, Insurance, Watch Out, Password Security, Security Video Systems, Camera Systems, Tape Based Recording System, Electronic Security Alarm Systems, Forms, Booklets and Newsletters which are providing ideas.

ELDERLY VICTIMS (AGE ABOVE 50) UNDER DIFFERENT CRIME HEADS DURING 2001-2006

HELPFUL TIPS

| STATE / UT | MURDER | | | | | | CRIME HEAD NOT AMOUNTING TO MURDER | | | | | |
|-------------------------|-------------|-------------|-------------|-------------|-------------|-------------|------------------------------------|------------|------------|------------|------------|------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 |
| ANDHRA PRADESH | 282 | 275 | 281 | 285 | 313 | 392 | 19 | 15 | 11 | 6 | 9 | 9 |
| ARUNACHAL PRADESH | 6 | 0 | 0 | 3 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| ASSAM | 78 | 25 | 59 | 72 | 76 | 83 | 2 | 4 | 0 | 2 | 2 | 0 |
| BIHAR | 239 | 161 | 205 | 188 | 189 | 111 | 20 | 18 | 21 | 14 | 10 | 12 |
| CHHATTISGARH | 205 | 106 | 95 | 123 | 123 | 141 | 9 | 3 | 4 | 5 | 5 | 2 |
| GOA | 3 | 10 | 6 | 8 | 5 | 11 | 2 | 1 | 3 | 1 | 1 | 0 |
| GUJARAT | 113 | 256 | 115 | 104 | 115 | 96 | 50 | 6 | 1 | 0 | 1 | 1 |
| HARYANA | 44 | 38 | 39 | 46 | 82 | 56 | 4 | 2 | 6 | 3 | 4 | 5 |
| HIMACHAL PRADESH | 14 | 14 | 9 | 20 | 15 | 12 | 1 | 1 | 0 | 2 | 2 | 0 |
| JAMMU & KASHMIR | 191 | 94 | 82 | 82 | 45 | 17 | 0 | 1 | 2 | 3 | 1 | 1 |
| JHARKHAND | 160 | 294 | 115 | 115 | 130 | 258 | 9 | 8 | 4 | 4 | 0 | 3 |
| KARNATAKA | 181 | 156 | 150 | 163 | 182 | 164 | 5 | 4 | 7 | 30 | 4 | 4 |
| KERALA | 79 | 77 | 78 | 91 | 92 | 78 | 10 | 13 | 40 | 40 | 24 | 21 |
| MADHYA PRADESH | 101 | 215 | 154 | 275 | 285 | 362 | 13 | 34 | 28 | 14 | 19 | 17 |
| MAHARASHTRA | 297 | 353 | 374 | 291 | 292 | 367 | 8 | 14 | 16 | 31 | 12 | 10 |
| MANIPUR | 11 | 6 | 9 | 10 | 6 | 17 | | 2 | 0 | 0 | 0 | 0 |
| MEGHALAYA | 1 | 4 | 4 | 1 | 6 | 3 | 0 | 0 | 0 | 1 | 1 | 0 |
| MIZORAM | 2 | 2 | 1 | 6 | 6 | 0 | 2 | | 0 | 0 | 0 | 0 |
| NAGALAND | 3 | 1 | 0 | 0 | 5 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| ORISSA | 72 | 73 | 86 | 63 | 87 | 54 | 0 | 1 | 1 | 2 | 2 | 0 |
| PUNJAB | 54 | 49 | 74 | 77 | 68 | 111 | 7 | 3 | 7 | 23 | 40 | 9 |
| RAJASTHAN | 133 | 108 | 136 | 161 | 124 | 145 | 3 | 4 | 4 | 0 | 6 | 4 |
| SIKKIM | 2 | | 2 | 3 | 1 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| TAMIL NADU | 170 | 263 | 280 | 245 | 248 | 236 | 6 | 0 | 2 | 3 | 2 | 4 |
| TRIPURA | 22 | 22 | 30 | 22 | 14 | 18 | 0 | 0 | 0 | 0 | 1 | 0 |
| UTTAR PRADESH | 824 | 566 | 487 | 550 | 554 | 510 | 123 | 90 | 141 | 117 | 157 | 148 |
| UTTARANCHAL | 31 | 22 | 18 | 25 | 29 | 12 | 6 | 5 | 2 | 2 | 1 | 1 |
| WEST BENGAL | 94 | 61 | 62 | 65 | 74 | 69 | 23 | 17 | 23 | 39 | 27 | 21 |
| TOTAL (STATES) | 3412 | 3251 | 2951 | 3094 | 3168 | 3329 | 323 | 247 | 323 | 342 | 331 | 272 |
| A&N ISLANDS | 0 | 2 | 2 | 2 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| CHANDIGARH | 4 | 3 | 1 | 2 | 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| D&N HAVELI | 0 | 1 | 2 | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| DAMAN & DIU | NA | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DELHI UT | 42 | 40 | 48 | 48 | 40 | 28 | 1 | 3 | 3 | 7 | 0 | 2 |
| LAKSHADWEEP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PONDICHERRY | 3 | 2 | 5 | 2 | 3 | 3 | 1 | 0 | 0 | 7 | 2 | 1 |
| TOTAL (UT) | 49 | 48 | 61 | 55 | 47 | 39 | 2 | 3 | 3 | 14 | 2 | 3 |
| TOTAL ALL INDIA | 3461 | 3299 | 3012 | 3149 | 3215 | 3368 | 325 | 250 | 326 | 356 | 333 | 275 |

ELDERLY VICTIMS (AGE ABOVE 50) UNDER DIFFERENT CRIME HEADS DURING 2001-2006

| STATE / UT | KIDNAPPING & ABDUCTION | | | | | | RAPE OF WOMEN | | | | | |
|-------------------------|------------------------|------------|------------|------------|------------|------------|---------------|-----------|-----------|-----------|------------|-----------|
| | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 |
| ANDHRA PRADESH | 5 | 22 | 19 | 42 | 35 | 10 | 14 | 8 | 7 | 7 | 6 | 10 |
| ARUNACHAL PRADESH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ASSAM | 60 | 0 | 1 | 3 | 0 | 0 | 2 | 0 | 3 | 14 | 15 | 2 |
| BIHAR | 38 | 40 | 52 | 35 | 37 | 128 | 0 | 0 | 0 | 6 | 0 | 9 |
| CHHATTISGARH | 2 | 2 | 1 | 1 | 1 | 2 | 4 | 11 | 5 | 9 | 16 | 27 |
| GOA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| GUJARAT | 10 | 4 | 16 | 5 | 10 | 5 | 0 | 0 | 0 | 2 | 0 | 1 |
| HARYANA | 9 | 3 | 2 | 4 | 2 | 10 | 3 | 1 | 0 | 0 | 6 | 5 |
| HIMACHAL PRADESH | 5 | 1 | 3 | 0 | 1 | 1 | 2 | 4 | 0 | 5 | 2 | 1 |
| JAMMU & KASHMIR | 0 | 0 | 1 | 0 | 8 | 2 | 0 | 1 | 0 | 0 | 2 | 1 |
| JHARKHAND | 4 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| KARNATAKA | 9 | 13 | 14 | 28 | 5 | 18 | 0 | 1 | 16 | 0 | 0 | 2 |
| KERALA | 8 | 11 | 9 | 12 | 0 | 10 | 1 | 3 | 2 | 6 | 8 | 7 |
| MADHYA PRADESH | 17 | 12 | 18 | 17 | 12 | 5 | 27 | 14 | 7 | 14 | 26 | 7 |
| MAHARASHTRA | 11 | 14 | 5 | 13 | 16 | 13 | 4 | 7 | 4 | 5 | 2 | 4 |
| MANIPUR | 0 | 0 | 4 | 8 | 4 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| MEGHALAYA | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| MIZORAM | 0 | 0 | 0 | 3 | 3 | 0 | 0 | 9 | 0 | 0 | 0 | 0 |
| NAGALAND | 0 | 4 | 5 | 0 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| ORISSA | 0 | 0 | 0 | 1 | 8 | 8 | 0 | 0 | 1 | 0 | 3 | 2 |
| PUNJAB | 5 | 7 | 5 | 2 | 6 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| RAJASTHAN | 18 | 15 | 39 | 8 | 14 | 57 | 7 | 5 | 7 | 7 | 16 | 5 |
| SIKKIM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TAMIL NADU | 31 | 10 | 31 | 8 | 0 | 15 | 2 | 1 | 1 | 3 | 0 | 2 |
| TRIPURA | 0 | 0 | 17 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 1 |
| UTTAR PRADESH | 52 | 48 | 27 | 28 | 26 | 19 | 0 | 0 | 2 | 2 | 5 | 3 |
| UTTARANCHAL | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WEST BENGAL | 4 | 1 | 3 | 1 | 1 | 1 | 0 | 0 | 2 | 1 | 1 | 0 |
| TOTAL (STATES) | 289 | 214 | 272 | 219 | 190 | 313 | 68 | 66 | 60 | 81 | 109 | 92 |
| A&N ISLANDS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CHANDIGARH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| D&N HAVELI | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DAMAN & DIU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DELHI UT | 0 | 5 | 8 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 |
| LAKSHADWEEP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PONDICHERRY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL (UT) | 0 | 6 | 8 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 |
| TOTAL ALL INDIA | 289 | 220 | 280 | 225 | 190 | 313 | 68 | 66 | 60 | 81 | 111 | 94 |

Source: Crime In India

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10. Winkel F. W. (1987) Response Generalisation In Crime Prevention Campaigns. *The British Journal of Criminology* 27:155-173. Amsterdam. Centre for Crime & Justice Studies, Department of Social Psychology, Amsterdam University.

The Joy of Ageing

Written by:
P.V.Ramamurti

Printed by:
Centre for Research on Ageing, Tirupati (2008)
160 Pages, Rs.100/-

The silver years are often looked upon as ones of agony and misery in human life and most shudder at the very thought of growing old in this ageist society. Adopting the Shakespearean view that nothing is good or bad, but thinking makes it so; P.V.Ramamurthi in this delectable and sleek little book gives important practical tips to make life in old age a pleasant experience mainly through a change in mind-set.

The book is split into fifteen chapters at the end of each is a summary. It particularly catches the eye because both the cover page and the beginning of each chapter contain relevant cartoons depicting the topic discussed. While the main focus of the book is on the psychological aspects of the necessary change in mind-set, it does give a holistic perception of the entire gamut of issues related to ageing.

The longest chapter of the book gives a succinct account of the integrated manner in which the different systems of the human body function and describes also the effect of ageing on this. One of the best written chapters in the book discusses the pros and cons of alternate living arrangements for the aged—living independently, living with grown up and staying in old age homes going also into the concept of hospices.

The chapter dealing with the type of food to eat gives also the required daily allowance of nutrients necessary in old age, separately for men and for women. There are separate chapters discussing hygiene, economic issues, leisure management, spirituality, physical exercises and maintenance of interpersonal relations. The book concentrates mostly on providing tips to postpone and if possible preventing age-associated disabilities, by adopting a suitable mindset and lifestyle practices. There is however also a chapter dealing with managing locomotor disability in older years giving



details also of a self-assessment mechanism to work out the extent of disability and distinguishing between ADL and IADL with the concept of selective optimization also thrown in.

There are also considerable statistics regarding the elderly and also the measures taken in India and internationally to protect the elderly scattered in different parts of the book. The book

ends with five sets of ten tips each aptly called Ten Commandments by the author—for happy ageing, for better health, giving desirable food habits, to prevent falls and for being an asset to the family.

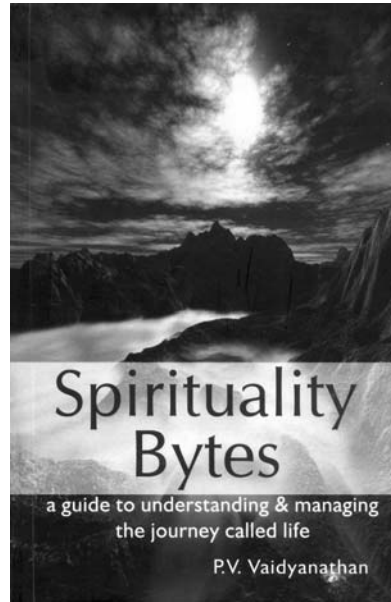
It has however to be said that the joy of reading this book would have been much greater if the author paid attention to copy-editing. This is apparent from the many printer's devils and other oversights in presentation, spelling and grammar and is most glaring in the chapter dealing with the Economics of Old Age. One would have also definitely welcomed comprehensive references mentioned in the book; with a small list bringing all these together at the end, for those interested in further reading on specific sub-topics. One also gets a feeling that discussions on spirituality, death could be broader and deeper even though this book is intended mainly for perhenson however, the objective seems to have unfortunately been ignored in chapter 13, where a number of psychological terms are used without giving adequate explanation.

The book is recommended as a must-read for the many who would like to let wrinkles come with mirth and laughter a la Shakespeare again. A revised edition of the book should also be translated into regional languages and circulated widely to help Indians to "live" longer without growing "old".

Dr. K.R.G.Nair,
Honorary Research Professor,
Centre for Policy Research, New Delhi

All thinking so far on this subject of spirituality has not crystallized into concrete definition of spirituality. Finding the same remains an ever receding horizon as it is not a scientific subject and relates to heart and the mind. Hence, there are innumerable definitions of spirituality. Trying to explore the meaning of spirituality, Robert C. Fuller says: "Spirituality exists wherever we struggle with the issue of how our lives fit into the greater cosmic scheme of things. This is true even when our questions never give way to specific answers or give rise to specific practices such as prayer or meditation. We encounter spiritual issues every time we wonder where the universe comes from, why we are here, or what happens when we die. We also become spiritual when we become moved by values such as beauty, love, or creativity that seem to reveal a meaning or power beyond our visible world. An idea or practice is "spiritual" when it reveals our personal desire to establish a felt-relationship with the deepest meanings or powers governing life.

Dr. P. Vaidyanathan in his book spirituality Bytes has done a commendable job by imparting guidance for understanding the concept of spirituality and using the same in managing life. At the outset, he



Spirituality Bytes
 Dr. P.V Vaidyanathan Readworthy; New Delhi
 pages 175; Rs.195

beautifully explains the meaning of spirituality and then, reflects deeply on Life, God, E m o t i o n s , Relationships, Death, the Instincts like eating, drinking, sex, and sleep and The Mind. The logical presentation of his views on various facets, phases and problems of life, God and its existence, emotions like guilt, fear, stress, anger and boredom, various issues in the relationships, emphasis the art of listening, The death —Ultimate fear, various instincts understanding the mind —are immensely

impressive.

In the modern time, when we are witnessing an increasingly growing unrest and violence in the Society and see that the society is drifting away from our anchorage of rich human values, there are some people who feel oriented towards spirituality in quest of peace and harmony in life. Dr. Vaidyanathan's book leaves a deep imprint on the mind of the reader. It is hoped that people with inclination towards spirituality , the students of psychology and others will find the book tremendously interesting and useful.

Dr. Harvinder Singh Bakshi,
 National Director - Advocacy,
 HelpAge India

The system would, however, be mandatory for new recruits to the Central Government service (except the armed forces).

New Pension Scheme in India

The new pension system would be based on defined contributions. It will use the existing network of bank branches and post offices etc. to collect contributions. There will be seamless transfer of accumulations in case of change of employment and/or location. It will also offer a basket of investment choices and Fund managers. The new pension system will be voluntary.

The system would, however, be mandatory for new recruits to the Central Government service (except the armed forces). The monthly contribution would be 10 percent of the salary and DA to be paid by the employee and matched by the Central Government. However, there will be no contribution from the Government in respect of individuals who are not Government employees. The contributions and returns thereon would be deposited in a non-withdrawable pension account. The existing provisions of defined benefit pension and GPF would not be available to the new recruits in the Central Government service.

In addition to the above pension account, each individual can have a voluntary tier-II withdrawable account at his option. Government will make no contribution into this account. These assets would be managed in the same manner as the pension. The accumulations in this account can be withdrawn anytime without assigning any reason.

Individuals can normally exit at or after age 60 years from the pension system. At exit, the individual would be required to invest at least 40 percent of pension wealth to purchase an annuity. In case of Government employees, the annuity should provide for pension for the lifetime of the employee and his dependent parents and his spouse at the time of retirement. The individual would receive a lump-sum of the remaining pension wealth, which she/he would be free to utilize in any manner. Individuals would have the flexibility to leave the pension system prior to age 60. However, in this case, the mandatory annuitisation would be 80% of the pension wealth.

There will be one or more central record keeping agency (CRA), several pension fund managers (PFMs) to choose from which will offer different categories of schemes.

The participating entities (PFMs, CRA etc.) would give out easily understood information about past performance & regular NAVs, so that the individual would be able to make informed choices about which scheme to choose.

Source:

<http://pfrda.org.in/indexmain.asp?linkid=84>

Early Initiation of HIV Therapy Improves Survival

In August 2008, the Centers for Disease Control and Prevention (CDC) published an analysis showing that an estimated 56,300 new Human Immunodeficiency Virus (HIV) infections occurred in 2006, a number that was significantly higher than the previous estimate of 40,000. This estimate highlights the importance of elucidating practice guidelines for the management of HIV infection that is still asymptomatic.

According to an article published online April 1, 2009 in *The New England Journal of Medicine*, deferring HIV therapy increases the risk of death. Investigators from the National Institutes of Health in Bethesda, Maryland and their colleagues performed two analyses on 17,517 asymptomatic patients with HIV infection in the United States and Canada who received medical care during the period from 1996 through 2005 in order to determine the optimal time for initiation of antiretroviral therapy. In the first analysis, which included 8,362 patients, 2,084 patients started therapy at a CD4+ count of 350 to 500 cells per cubic millimeter and 6,278 deferred therapy. The CD4+ count is a measure of how well the immune system is functioning, and as it falls, an individual's risk of infection increases. Among patients who deferred therapy, there was a 69% increased risk of death. In the second analysis, which included 9,155 patients, 2,220 initiated therapy at a CD4+ count of more than 500 cells per cubic millimeter and the

remainder deferred therapy. Among those who deferred therapy in this analysis, there was a 94% increased risk of death.

Current guidelines recommend treatment for asymptomatic HIV patients when their CD4+ counts drop below 350 cells per cubic millimeter. The findings of this study

suggests that these guidelines may need to be re-examined with randomized trials. However, the benefits of initiating antiretroviral therapy earlier after HIV infection still need to be weighed against the potential adverse effects of treatment.

Source: www.healthandage.com

NEWS

Calendar of Events

22nd - 24th May
ICAAM Asia - International Congress in Aesthetic, Anti-aging Medicine & Medical Spa
 Website:
<http://www.euromedicom.com/index.php>

8th June
Diversity and Aging in the 21st Century
 Email: diversity@aarp.org
 Website: www.aarp.org/diversityandaging

Dementia Advocacy Network Conference 2009: Bringing Dementia Out of the Shadows
 Email: dan@wassr.org
 Website:
<http://www.wassr.org/index2.html>

2-3 July
Ageing in Latin America: Developing the Research Agenda
 Website:
<http://www.ageing.ox.ac.uk/events/conferences-workshops>

3rd -5th July
1st Global Conference: Times of our Lives: Making Sense of Ageing
 Website: <http://www.inter-disciplinary.net>

5th July
4th IANA (International Academy on Nutrition and Aging) Meeting on: Advances on Nutrition and Age Related Disease
 Email: kbreckenridge@salud.unm.edu
 Website: <http://www.healthandage.com/html/min/iananda/congress.htm>

5th - 10th July
The 19th IAGG World Congress of Gerontology and Geriatrics
 Website: <http://www.paris2009.org/>
19th- 22nd July
International Design for Ageing Programme
 Website:
<http://www.iahsa.net/LONDON/index.aspx>

30th August - 2nd September
2009 International Conference on Ageing and Spirituality
 Website: <http://www.selwyncare.org.nz>
3rd - 7th September
Strategies for Engineered Negligible Senescence (SENS)
 Website:
<http://www.mfoundation.org/sens4/>

10th -11th October
International Forum on Ageing in Place and Age Friendly Cities
 Email: jbarratt@ifa-fiv.org; gshaw@ifa-fiv.org

30th October
International Workshop on the Socio-Economics of Ageing
Website: <http://www.iseg.utl.pt/ageing>

19th -22nd November
6th International Congress on Vascular Dementia
Website: <http://www.kenes.com/vascular>

4th -6th December
ARDSICON09: XVth National Conference of Alzheimer's & Related Disorders Society of India
Website: <http://www.ardsikolkata.org>

13th - 15th December
18th WFN World Congress on Parkinson's Disease & Related Disorders
Website:
<http://www.kenes.com/parkinson/>

2010

3rd -6th May
Climate for Change: Ageing into the future
International Federation on Ageing
Website: <http://www.ifa2010.org/>

27th May
International Society for Gerontechnology 7th World Conference
Email: isg2010@sfu.ca

CALENDAR

Announcements

We always endeavour to make changes in this Journal so that it not only raises awareness about issues concerning ageing and aged in India among the students of gerontology and the other stakeholders; but, also reaches the widest possible cross-section of our population. Therefore, we propose to make available the editions of the Journal from this edition onwards in electronic format. If you wish to receive the electronic version please send in your request to info@helpageindia.org. Please write R&D Journal in the subject column of the email.

You can also send in your comments on the articles and other columns in the Journal to the editor. Your opinion and suggestions are valuable to improve this Journal further.

HelpAge India Library and Information Centre holds a fine collection of books and journals in ageing and related areas. We are planning to acquire copies of thesis on ageing related subjects submitted by students to various Indian universities and research institutes for the award of Post-graduate/Doctoral degrees.

Conditions:

- Only thesis for which a degree is awarded in/after 2001 will be considered.
- Researchers can submit their thesis in hard bound form or electronic form (in MS Word/PDF format).
- Each selected thesis will be awarded an honorarium as follows:

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| Thesis in both the forms | Rs. 1000/- |
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- Selection of thesis is completely at the discretion of HelpAge India.

Interested researchers may contact us at info@helpageindia.org
or write for more details and application form

Policy Research & Development Department

HelpAge India, C-14, Qutab Institutional Area, New Delhi-110016.

Copies of the Journal from January 2006 Volume 12No.1 onwards are available in CDs. Each CD contains all the three editions of the specific Volume. The handling charges per CD are Rs. 45/-. For ordering Cds, please write to us on the address or email id given above along with the money order or bank draft favouring Help Age India.

The Centre for Lifelong Learning at the Tata Institute of Social Sciences, Mumbai announced a **one-year part-time DIPLOMA IN GERONTOLOGY**. The Prospectus and application form for the Programme can Be obtained from the TISS website (www.tiss.edu)

Contact:

Centre for Lifelong Learning

(Ms. Sabiha Vasi/Prof. Nasreen Rustomfram - 092233 00722) OR

Short Term Programmes Section (Section Officer)

Tata Institute of Social Sciences, Deonar, Mumbai 400 088 **Tel:** 022 - 25525662 / 25525681

Email: stp@tiss.edu ; extramural@tiss.edu ; sabiha_v@tiss.edu ; nasreen_r@tiss.edu



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Subscription Form

Wish to receive the R&D Journal regularly?

HelpAge India Research and Development Journal has three issues a year and the handling charges per year are following:

1. Individuals Rs. 75/-
2. Institutions Rs. 150/-
3. Senior Citizens Rs. 30/-

Those who wish to receive the journal regularly are requested to kindly fill in the following form and send it along with a D.D./M.O./ Cheque (Cheques from Delhi only) in favour of HelpAge India, New Delhi.

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A kind gesture by some-one like you can actually cure a cancer patient.

Early detection and screening has cured many of the dreadful disease called cancer. Every moment of a cancer patient's life is one of relentless pain. Searing seconds stretch into minutes..., hours..., days... pain grips their life like Chhota Devi, 63 years. She suffered from low back ache off and on for a whole one year and had difficulty in passing urine. She had lost hope and resigned to relentless suffering. When with a persuasion and care she was referred to a HelpAge India designated cancer hospital, hope revived and with it a will to survive cancer.

HelpAge India supports poor elderly cancer patients like Chhota Devi through its project for early detection of cancer by adopting a proven and tested procedure for screening people. We also support a few designated cancer hospitals, where the suspected case can be referred.

Chhota Devi's pain and suffering could be relieved with a simple donation by some one like you. But there are many more Chhota Devi who need your help and support.

You can help us reach out to more such unfortunate ones by contributing a small sum of Rs. 1500/- which would cater to the requirements of one patient for a whole month.

A small contribution from you can vastly improve the last days of our less fortunate elderly. You may not remember that you donated for this noble cause, but the cancer patient who will benefit from your largesse will bless you forever.

All contributions to HelpAge India are 100% Tax Exempt under Section 35 AC and 80 GGA of Income Tax Act, 1961 for projects covering medical care to old persons, leprosy and cancer patients, provision of home to old persons, rehabilitation of old women and conducting eye camps.

Yes, I would like to relieve the pain of a terminally ill cancer patient. Please accept my contribution of:

Rs. 1500 Rs.2000/- Rs. 2500/- Rs. 3000/- Others Rs. (Please specify)

Cheque/DD No. _____ Date _____ in favour of **HelpAge India.**

Name _____ Address _____

_____ Tel. _____

Date of Birth (dd/mm/yyyy) _____ E-mail: _____

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Credit Card No.

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R&D-1/09

Information For The Contributors

HelpAge India—Research and Development Journal is the official Journal of HelpAge India and is published thrice a year in January, May and October. It is devoted to publication of contributions that focus on the information pertaining to different issues concerned with older persons. The views expressed in the Journal are the author's own and do not necessarily reflect those of the organisation.

Manuscript

Only original papers written in English should be submitted in duplicate (copies on one side only) to the Editor, HelpAge India—Research and Development Journal, HelpAge India, C-14 Qutab Institutional Area, New Delhi - 110 016. The manuscript should be typed in double space with a wide margin and should not exceed 4000 words. Title page should carry the title of the paper, the name and affiliation of the authors. Contributors are requested to type their official designation and official addresses at the foot of the first page of the type/script. The research paper should be divided into Abstract, Introduction, Material and Method, Results and Discussion, Conclusion, Acknowledgement (if any) and References. Tables should be given in Arabic serial number and each on a separate page. References should be listed at the end of the paper in alphabetical order and they should include only works referred to in the text.

Use following format for the reference:

1) For Periodicals

Surname and initial of the author(s). Year of Publication. Title. Name of the Journal. Volume. Number: Page number.

2) For Books

Surname and initial of author(s). Year of Publication. Title. Edition. Place of Publication. Name of Publisher.

Note: Please follow above-mentioned system to help maintain a particular pattern in the Journal. Submit your contribution both on printed format (hard copy) and IBM compatible floppy diskette (3 1/2 size floppy or CD).

Helpful Tips

You can contribute to this column by sending a small article (1000 words) on any subject that concerns the older persons. You can also send us such useful news items published in other magazines or journals. Please give proper reference for the same. Please follow instructions given in column (1) & (2).

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HelpAge India

 Fighting isolation, poverty, neglect

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About Us

HelpAge India is secular, not-for-profit organization registered under the Societies' Registration Act of 1860. We were set up in 1978, and since then have been raising resources to protect the rights of India's elderly and provide relief to them through various interventions.

We voice the needs of India's 81 million "grey" population, and directly impact the lives of 15 lakh elders through our services every year.

- We advocate with national & local government to bring about policy that is beneficial to the elderly.
- We make society aware of the concerns of the aged and promote better understanding of ageing issues.
- We help the elderly become aware of their own rights so that they get their due and are able to play an active role in society.

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