

*Living Arrangements and Adjustment of Elderly Persons*

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Abstract

300 elderly people (between 60 to 70 yrs. both male and female) from Maharashtra state of India were given Shamshad Hussain and Jasbir Kaur's Old Age Adjustment Inventory & Dr. Pramod Kumar's Mental Health Checklist. There is a slight difference in health, home, social, marital, emotional and financial adjustment of elderly persons living in their own homes and living in old age homes. The old age persons living in their own homes are connected to their family and those who are living in old age homes are alienated from their family.

Key words – Old age, living arrangements, Adjustment & mental health

## 1.0 INTRODUCTION

All over the world populations are ageing. The proportion of the world's population aged 60 years or above is increased. Of course there is a variation all over the world. The number of the oldest old i.e. above 80 years is projected to increase. The proportion of people aged 60 years or above is higher in the more developed countries than in less developed regions. Over 60 population rate is increasing at the rate of 2.5 percent per year. Over 80 population rate is increasing at the rate of 4 percent per year. This demographic earthquake "age quake" is tremendous. Due to this the social & economic contexts are also changing & therefore there is a big gap between the generations. Younger & older live together but now the living arrangement of older persons is changing. Therefore this study intends to collect the information of living arrangement of older persons & their adjustments.

Medical inventions over last 2-3 decades & advanced technology have increased overall life span of mankind all over the world. As, a result human being are having good physical & mental health after retirement too, but in most of the cases this is not supported by financial stability & people have to depend on children after retirement. Further they need to adjust with children & there is drastic change in living arrangement. In some cases children do not accept them or they are unable to cope with new lifestyle & are compelled to stay in old age homes.

In India we have strong bonding amongst family members & children take care of parents after retirement. However due to factors such as urbanization, higher cost of living, stress due to competition, high expectations, change in moral values etc. retired people find it difficult to adjust with their children. Old age people's resistance to change, reluctance to accept new ideas etc. create problems in the family. On one side we speak about advanced/new modes of communications bringing the world nearer, but old people do not find anybody in the family with whom they can communicate. As such they feel lonely & are mentally apart though physically near.

Considering above this study is undertaken to analyze the effects of different living arrangements on mental health of old age people.

## 1.1 OLD AGE

In most gerontological literature, people above 60 years of age are considered as 'old' and as constituting the 'elderly' segment of the population. In the traditional Indian culture, Manu, the ancient law giver, in his Dharmashastra divided this span of life into four 'ashramas' or life stages. The first, 'brahmacharya' was to be spent at the teacher's (guru) house. This is the life of student, to be spent in education and training. Once education was complete, the boy would be ready to enter the 'grihastha' ashram. This was the life of a householder. This was the stage when a man would fulfill his basic desires, for love, marriage, for parenthood, for status, wealth, prestige and other such physical and social needs. When a man's head turned grey and wrinkles appeared, he was to give up this life of householder and turn to 'vanaprastha' which literally means 'moving to the forest'. A mature and ageing man would gradually give up his household duties & turn inward in search of spiritual growth. Finally, when he was spiritually ready, he would renounce the world completely and enter the stage of 'sanyasa' or asceticism.

In Indian culture, it was assumed that a wife would follow her husband faithfully in his movement through different stages. Like many other Asian cultures, Indian culture emphasized that the duty of a son to respect and care for his parents. Parents were to be honored as gods. In modern India, retirement age is fixed at 58 in most Government jobs, and 60 years in the Universities. There is a move to increase the retirement age by another two to five years. Chronological age of 58 or 60 is considered as the beginning of old age. Geriatrics is the branch of medicine that focuses on health promotion and the prevention and treatment of disease and disability in later life. The term itself can be distinguished from gerontology, which is the study of the ageing process itself.

## 1.2 LIVING ARRANGEMENT

Living arrangements refers to whether or not the person lives with another person or persons and, if so, whether or not he or she is related to that person or persons. This is a derived variable. It is derived from the responses to questions about the relationships among the people who live in the household.

### I. Living with relatives

This class includes persons who are not in a census family and who live in households where at least one of the other members of the household is related to them. Non-relatives may also be present in the household.

### II. Living with non-relatives

This class includes persons who live in households with other people, none of whom is related to them either by blood, marriage, common-law or adoption.

### III. Living alone

This class includes persons who live alone.

### IV. Living in old homes.

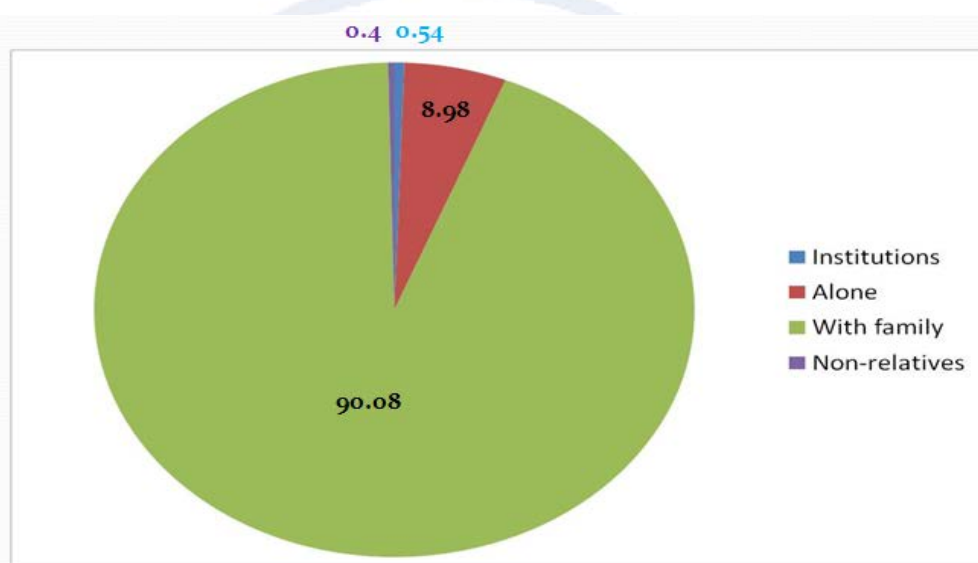
This class includes persons who live in such institutions where no one is related to them.

In India there is strong cultural pressure to 'look after' the parents in the family. Old age home is neither a popular or feasible option. It is desirable to strengthen this 'families'. People live in their later years will make a significant difference to the quality of their living. Availability of caretakers in case of illness, disability, emergencies, depends on living arrangements. Living with a married daughter's family is a less preferred alternative. The 1986/87 National Sample Survey (NSS) reported that 8 per cent of urban and 5.9 per cent of rural elderly lived alone. Living alone is usually due to widowhood, childlessness or migration of children. Following table gives the figures regarding living arrangements of the older people in India based on the NSS report.

**Table-I**  
**Living arrangements of the elderly in India (%)**

	Rural		Urban	
	Male	Female	Male	Female
<b>Institutions</b>	0.65	0.74	0.54	0.20
<b>Alone</b>	11.78	0.69	8.98	0.60
<b>With family</b>	87.19	98.42	90.08	98.77
<b>Non-relatives</b>	0.33	0.16	0.40	0.43

**Graph-I**  
**Living arrangements of the elderly in India (%)**



There are 728 Old Age Homes in India today.

Two types of Old Age Homes in India; one is the 'free' type which cares for the destitute old people who have no one else to care for them. They are given shelter, food, clothing & medical care. The second type is the 'Paid' home where care is provided by charging fee. Now a day such 'retirement' homes have become very popular in India & they are well worth considering.

No doubt the best place of elders is their own home

### 1.3 ADJUSTMENT

**Adjustment**, in psychology, the behavioral process by which humans maintain equilibrium among their various needs or between their needs and the obstacles of their environments. A sequence of adjustment begins when a need is felt and ends when it is satisfied. Hungry people, for example, are stimulated by their physiological state to seek food. When they eat, they reduce the stimulating condition that impelled them to activity, and they are thereby adjusted to this particular need.

In general, the adjustment process involves four parts: (1) a need or motive in the form of a strong persistent stimulus, (2) the thwarting or no fulfillment of this need, (3) varied activity, or exploratory behaviour accompanied by problem solving, and (4) some response that removes or at least reduces the initiating stimulus and completes the adjustment.

Social and cultural adjustments are similar to physiological adjustments. People strive to be comfortable in their surroundings and to have their psychological needs (such as love or affirmation) met through the social networks they inhabit. When needs arise, especially in new or changed surroundings, they impel interpersonal activity meant to satisfy those needs. In this way, people increase their familiarity and comfort with their environments, and they come to expect that their needs will be met in the future through their social networks. Ongoing difficulties in social and cultural adjustment may be accompanied by anxiety or depression. Elderly persons have many obstacles regarding their health, home, social, marital, emotional & financial areas. They want to maintain equilibrium among these areas.

#### **1.4 MENTAL HEALTH**

Mental health is an index which shows the extent to which the person has been able to meet his environmental demands-social, emotional or physical. However, when he finds himself trapped in a situation where he does not have matching coping strategies to deal with it effectively, he gets himself mentally strained. This mental strain is generally reflected in symptoms like anxiety, tension, restlessness or hopelessness among others. If it is felt for too long and too extensively by the person, these symptoms may take a definite form (or get 'syndromized'), representing a given illness. Mental health, therefore, should not be confused with mental illness; it is a study of pre-illness mental condition of the person (Kumar, 1991).

Mental health, as such, represents a psychic condition which is characterized by mental peace, harmony and content. It is identified by the absence of disabling and debilitating symptoms, both mental and somatic in the person (Schneiders, 1964).

In India, mental health of older persons is influenced not just by ageing changes in the body and brain, but by socio-economic and psychological factors. Problems related to health and economic conditions lead to suicides in older people. In India, socio-cultural and religious beliefs act as deterrents to suicidal behaviour.

## 2.0 Background

This system provides conceptual background & discusses some empirical studies. What are the main features of living arrangements of older persons in different parts of the world? The globalization economic & social development produces major changes in living arrangements of older persons. These changes affect the well-being of the older population.

Co-residence of older and younger family members has been viewed as an aspect of a “lifetime reciprocity” arrangement in which children traditionally helped their aged parents in exchange for parental support at various stages in the children’s lives (Cowgill, 1986; Cowgill and Holmes, 1972; see also Albert and Cattell, 1994; Lesthaeghe, 1983). Cultural traditions and expectations that adult children should remain with and support aged parents have been reported to exist in a wide range of societies in all world regions.

Among the developed countries of the west, historical changes in living arrangements have been most thoroughly documented by Ruggles for the United States of America. He shows that, in 1850, 70 percent elderly persons were living with a child or child-in-law. Those who did not live with a child, an estimated 30 percent had a child living next door, and most of the rest-about one fifth of the total-did not have any children, either because they never had any, or because their children had died (Ruggles, 2001). The percentage living with children declined in the nineteenth century, but began to decline rapidly after 1920, and especially between 1940 and 1980. Older persons also became less likely to live with relatives other than children, or with non-relatives. Living alone or as a couple became the dominant living arrangement. Living in an institution, such as a nursing home or old-age home, also became more common as time passed.

In some countries in Asia, like Japan showing the change in their attitude. In 1963, when Japanese married women of childbearing age had been questioned about their attitudes towards caring for aged parents, about 80 percent thought that it was either “a good custom” or “a natural duty”; by 1992, only 49 percent thought so. When the women were asked whether they expected to depend on children for support during old age, about two thirds of those questioned in 1950 had expected to rely on children, but by 1992, only 16 percent did (Ogawa, 1994). The proportion supporting the idea that older persons should be able to rely on family for income also declined in Thailand, although about 60 percent thought that the generations should live together both in 1981 and in 1995, there was a decrease in the proportion thinking that the older generation should not expect to rely on children for financial support. At the same time, a large difference in attitudes remains between older persons in these relatively economically advanced Asian countries and those in the United States of America. However, although many older persons maintain daily contact with children living separately, many others do not. Within Europe, the countries where the highest percentages of older persons live separately are also the countries where older persons are least likely to have frequent contact with children and other relatives. Thus, at least in Europe, “intimacy at a distance” does not compensate for higher levels of living alone. To the contrary, lower levels of parent-child co-residence are an aspect of a broader pattern of less-frequent contact with kin.



The evidence available also suggests that older persons in more developed countries today are likely to be in better health than those of similar age in the past or in less developed countries (Fogel, 1993, 2004; Waidmann and Manton, 2000; Palloni, 2001), and are therefore better able to maintain an independent lifestyle. These considerations suggest that living alone may more often be associated with disadvantage in the developing countries than in the more advanced economies. A comparative study in Asia found that in the Philippines, older persons with higher incomes or more education were more likely to live with children, while the opposite pattern was seen in Thailand, Singapore and Taiwan Province of China (Knodel and Ofstedal, 2002). Studies examining socio-economic variables other than income, such as education and rural/urban residence, have also found varying directions of relationships between those factors and living arrangements (Martin and Kinsella, 1994; Bongaarts and Zimmer, 2001).

In America, Europe, earlier research has found evidence of a trend towards separate residence of older persons but now the same findings suggest that there is a global trend towards independent forms of living arrangement among older persons – alone or with spouse only and a corresponding decline in residential arrangement.

Living arrangements of older persons is very simple in India. Living with a child or grandchild is the most common type of living arrangement among older persons in India. The older persons are not interested to live alone. The circumstances force to live them alone sometimes.

India's elderly population has already crossed 100 million marks during 2011. As per analysts of census data and projections elderly population sex ratio is in favor of female elderly. As per the census 2011, whereas for total Indian population sex ratio is in favor of male population in ratio 940-1000, for elderly at (60+) population it's in favor of elderly women by 1022-1000.

National surveys have indicated that nearly 5 percent of the senior citizens in the country have no one to look after them as they either do not have children or are neglected by them. Only 32 percent of the senior citizens get pensions, while 38 percent of this age group do not stay with their children.

The fading joint family system in India and other innumerable factors have given rise to west inspired phenomenon of old age homes.

Many factors have contributed to the alienation of the elders.

Migration of young couples from the rural areas to cities in search of better employment opportunities to fend for them.

Elders who have been in control of the household for a long time are unwilling to give up the responsibility to their children.

Youngsters on their part are sometimes resentful of the attitude of their parents.

Many youngsters have moved to places far away from their native homes and in the recent past to many countries abroad. So even if they want, they cannot accommodate their parents in their own homes.

### **Problem**

**Different types of living arrangement of elderly persons, their adjustment & mental health was compared in this study.**

### **3.0. Methodology**

#### **3.1 Sample**

300 nos. of old age persons (between 60 to 70 yrs. both male and female) from Pachora and Sangali city in Maharashtra state in India participated in this study.

#### **3.2 Measures**

**i. Shamshad Hussain and Jasbir Kaur's Old Age Adjustment Inventory.**

In this old age adjustment inventory (SJOAI) 125 items are given. Items are given in booklet. Separate answer sheet is also given in which respondent answer in  a box, yes or no or? Put a cross mark on the box on the answer sheet against relative statements number. Test-retest & odd even reliability is around .80 & test has also high validity. Health, home, social, marital, emotional, financial areas are given in this test. The higher score indicates better adjustment. The responses are scored area wise. The sum of scores in different areas provides measure of overall adjustment.

**ii. Dr. Pramod Kumar's Mental Health Checklist.**

This is a short check list of Mental health consist of 11 items, 6 mental & 5 somatic presented in a 4 point rating format. The split-half reliability is .83 and test-retest reliability is .81. The face validity and the content validity is also high.

#### **3.3 Hypotheses**

- 1) Majority of the elderly persons preferred living with relatives than old age homes.
- 2) Elderly persons living with children have better adjustment & mental health than elderly persons who live in old age homes.
- 3) Female elderly persons have better adjustment & mental health than male elderly persons.

### **1.0 Discussion / Conclusion**

The present study presents the basic data on living arrangements of older persons, their health home, social, marital, emotional & financial adjustment & mental health. These aspects covered the prevalence of solitary living, co-residence with others- with a focus on residence with children and grand children and institutional living. For this study 300 elderly persons are selected. They are randomly selected from four types of living arrangements.



1. Elderly married persons living with their spouse & children.
2. Elderly persons living with their children only.
3. Elderly persons living with their spouse only.
4. Elderly persons living in the Old Age Homes.

### **Elderly persons preferred living with their children**

When collecting the data on old age adjustment scale & mental health check list the researcher interviewed the elderly persons in the old age homes also. They are not happy there. The chances of living in an institution are also substantially greater for unmarried older persons than for those who have a spouse. Respondents told that the spouse is often the main caregiver for older persons who are unable to manage on their own and those who lack a spouse are evidently at greater risk of entering an institution when they need care. In old age homes unmarried older man are actually more than are unmarried women of the same age. In this study also 40 men & 29 women are in Old Age Homes.

Table –II shows the percentage of elderly persons and their types of living arrangement for major states in India. Five types of living arrangements and their percentage are given by National Sample Survey Organization. Alone, with spouse only, with spouse and other member, with children and with other relations and non-relations are types of living arrangement are given there. In this survey also the percentage for every state is high for the living arrangement with spouse and other members. All India percentage is 44.8 for with spouse and other members of living arrangement. The percentage for alone is 5.2, for with spouse 12, for with children 32.1 and with other relations and non-relations 4.4. It means that in India elderly persons preferred living with their spouse & children therefore the first hypothesis that elderly persons preferred living with their children is accepted.

**Table- II :**

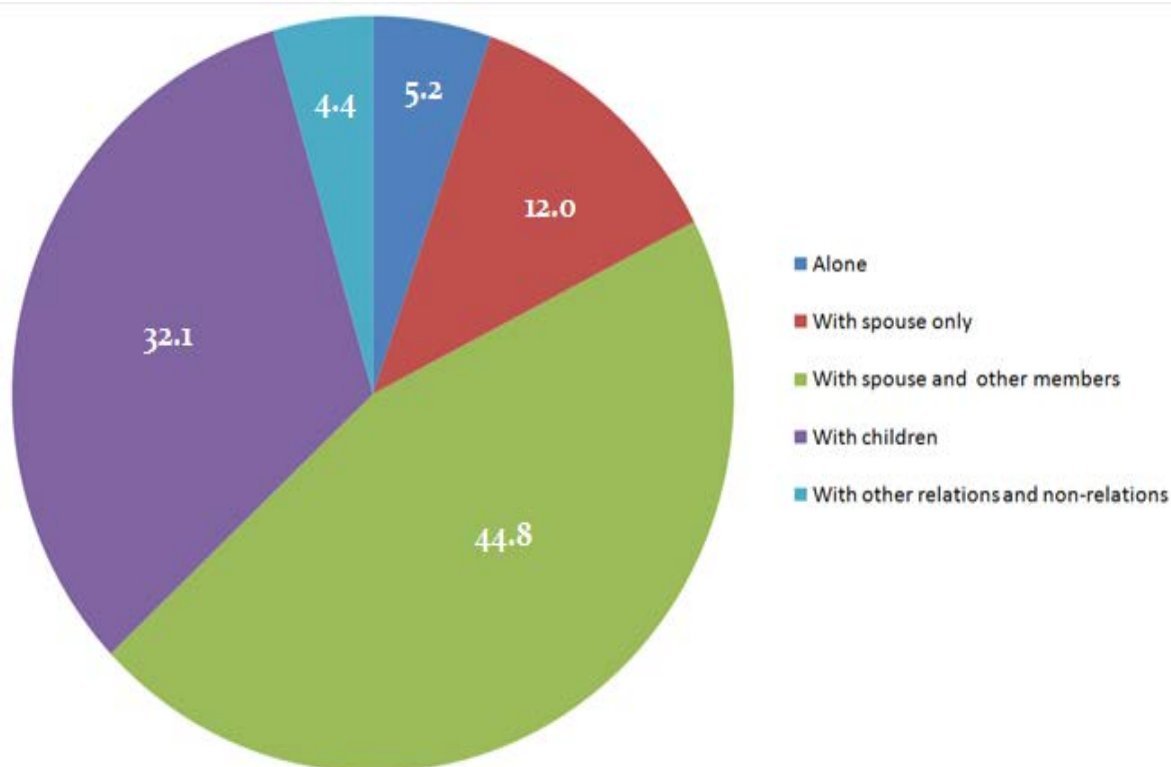
**Living arrangement of persons aged 60 years and above in major states in India (%)**

States	Type of living arrangement				
	Alone	With spouse only	With spouse and other members	With children	With other relations and non-relations
Andhra Pradesh	8.5	20.9	32.4	32.4	4.8
Arunachal Pradesh	3.5	3.4	45.3	25.6	1.2
Assam	2.6	3.5	52.5	35.2	1.3
Bihar	3.9	11.7	50.9	39.3	1.6
Chhattisgarh	8.6	11.4	34.8	47.6	5.2
Delhi	3.6	9.1	53.2	30.3	2.8
Goa	3.7	14.9	46.8	23.2	11.4
Gujarat	5.7	13.7	44.2	34.1	2.0
Haryana	1.0	7.3	58.1	30.5	2.5
Himachal Pradesh	3.8	10.2	41.3	36.6	5.6
Jammu & Kashmir	0.5	5.0	57.7	32.4	2.7
Jharkhand	3.7	9.7	48.0	33.8	2.4

Karnataka	5.3	9.2	45.4	34.5	5.0
Kerala	3.0	9.3	45.5	35.6	5.7
Madhya Pradesh	5.5	14.1	43.2	29.3	5.4
Maharashtra	5.7	12.7	47.0	29.4	4.7
Manipur	2.5	3.9	46.3	28.3	3.3
Meghalaya	3.7	9.4	47.6	33.7	0.7
Mizoram	0.8	2.5	50.4	28.4	4.2
Nagaland	0.6	8.4	75.6	13.8	0.0
Orissa	3.3	11.9	49.6	29.8	2.5
Punjab	2.9	9.5	53.9	30.2	2.5
Rajasthan	3.5	9.9	47.1	34.9	4.3
Sikkim	1.5	4.9	47.9	36.7	4.1
Tamil Nadu	10.9	18.9	36.7	26.9	6.6
Tripura	7.5	15.0	41.2	29.7	4.4
Uttaranchal	9.2	11.4	42.0	31.6	1.8
Uttar Pradesh	4.0	10.0	45.3	33.1	4.8
West Bengal	3.4	7.8	44.4	35.6	5.7
A&N Islands	3.3	2.3	52.3	32.2	4.2
Chandigarh	5.7	18.6	45.6	25.0	4.8
Dadra & N. Haveli	1.3	6.4	64.7	27.3	0.3
Daman & Diu	21.3	3.6	31.4	40.3	1.9
Lakshadweep	3.4	5.5	33.8	45.4	12.0
Pondicherry	6.0	15.0	35.0	41.3	2.7
<b>All India</b>	<b>5.2</b>	<b>12.0</b>	<b>44.8</b>	<b>32.1</b>	<b>4.4</b>

Source: National Sample Survey Organization, (2004)

**Graph- II:  
 Living arrangement of persons aged 60 years and above in major states in India  
 (%)**



**Living with children has better adjustment & better mental health than living in Old Age Homes**

It is assumed that elderly persons who live with their children are better adjusted in all areas of adjustment. Table I shows the mean standard deviation of four living arrangements on areas of adjustments and mental health. The mean value for the first three living arrangements, which are elderly married persons living with their spouse and children, elderly persons living with their children only, and elderly persons living with their spouse only, is higher than the fourth living arrangement, which is elderly persons living in Old Age Homes. Table I first shows the mean value of health, home, social, marital, emotional, financial & overall adjustment for the three living arrangements is higher than the fourth living arrangement. Therefore, the second hypothesis is accepted.

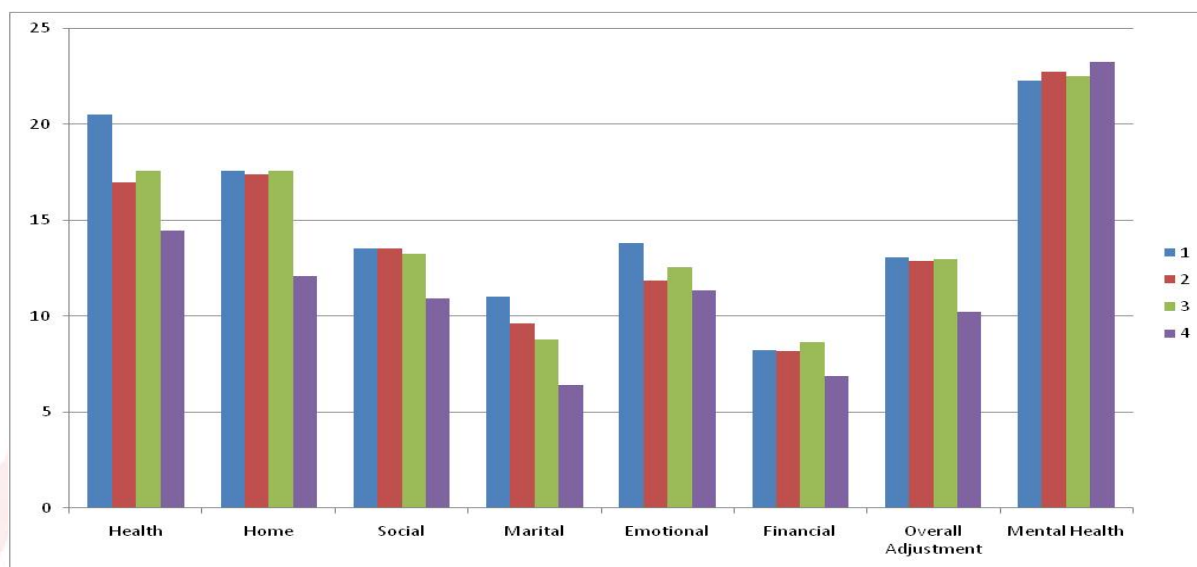
Table III shows the mental health scores for four living arrangements. There is no difference among the four means of living arrangements; it means that mental health problems are the same for all living arrangements. In this test, six mental & five somatic problems are given. In old age, whatever the living arrangement may be, the health problems are everywhere. The mean score is above 22. It indicates very poor mental health. The mean value for elderly persons living in old age homes is above 23. So there is a slight difference among the mean values of four living arrangements. It means that mental health is poorer for those who live in old age homes than those who live with their spouse.

and children. Following table shows mean, standard deviation of areas of adjustment, mental health for different living arrangements.

**TABLE – III**  
**Areas of Adjustment & Mental Health Scores on**  
**Living Arrangement**

Areas of Adjustment	Living Arrangements	No	Mean	Std. Dev	Std. Error Mean	F	Sig
Health	1.00	79	20.4810	34.7496	3.9096	2.171	.143
	2.00	73	16.9041	4.3146	.5050		
	3.00	79	17.5570	4.8826	.5493		
	4.00	69	14.4638	4.5166	.5437		
Home	1.00	79	17.5823	4.9267	.5543	.862	.355
	2.00	73	17.3699	4.3986	.5148		
	3.00	79	17.5570	4.6815	.5267		
	4.00	69	12.0725	5.2055	.6267		
Social	1.00	79	13.5443	4.1163	.4631	2.245	.136
	2.00	73	13.5205	3.6175	.4234		
	3.00	79	13.2405	3.6417	.4097		
	4.00	69	10.9130	3.8107	.4588		
Marital	1.00	79	11.0000	4.7177	.5308	.183	.670
	2.00	73	9.6027	4.8009	.5619		
	3.00	79	8.7975	4.1336	.4651		
	4.00	69	6.4058	3.5741	.4303		
Emotional	1.00	79	13.8101	15.6607	1.7620	2.664	.105
	2.00	73	11.8493	3.8610	.4519		
	3.00	79	12.5570	4.2539	.4786		
	4.00	69	11.3333	4.2380	.5102		
Financial	1.00	79	8.2152	3.2529	.3660	1.778	.184
	2.00	73	8.1918	2.7672	.3239		
	3.00	79	8.6456	2.2305	.2510		
	4.00	69	6.8696	2.7966	.3367		
Overall Adjustment	1.00	79	78.4810	21.7060	2.4421	7.034	.009
	2.00	73	77.3288	16.1847	1.8943		
	3.00	79	77.8228	15.7250	1.7692		
	4.00	69	61.2899	18.5211	2.2297		
Mental Health	1.00	79	22.2785	5.3588	.6029	.001	.981
	2.00	73	22.7123	5.3554	.6268		
	3.00	78	22.4872	5.5543	.6289		
	4.00	69	23.2464	5.1746	.6230		

**Graph – III**  
**Mean Scores of Adjustment & Mental Health on Living Arrangement**



**Living Arrangement**

- 1 Elderly married persons living with their spouse & children.
- 2 Elderly persons living with their children only.
- 3 Elderly persons living with their spouse only.
- 4 Elderly persons living in the Old Age Homes.

**Female elderly persons have better adjustments and better mental health than male**

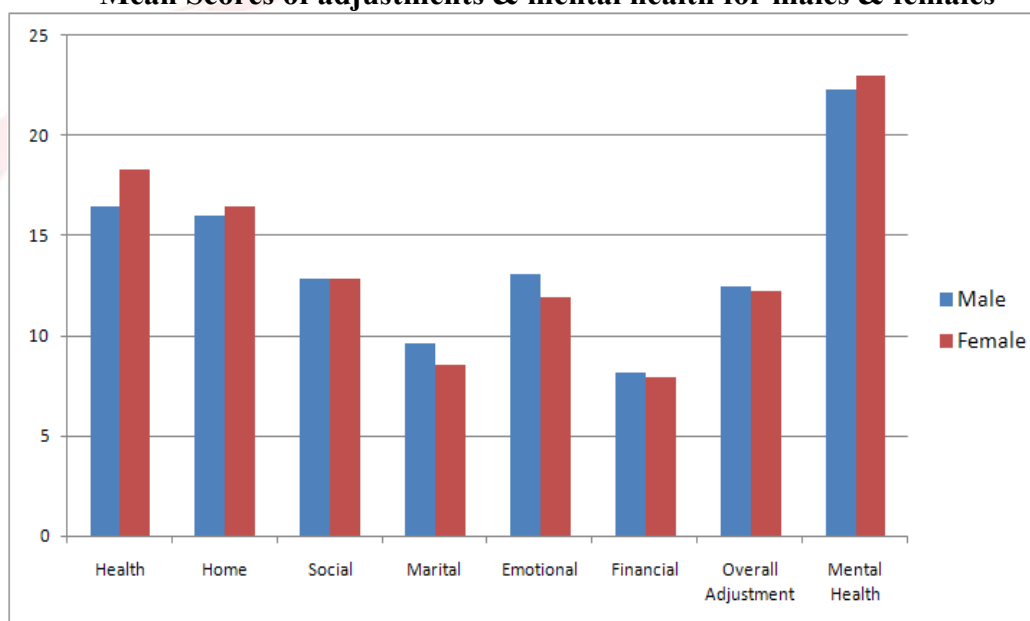
Following table shows the mean value and standard deviation of different areas of adjustment and mental health of male & female.

**TABLE – IV**  
**Areas of adjustments scores & mental health scores of sex male & female**

Areas of Adjustment	SEX	No	Mean	Std. Deviation	Std. Error Mean	t	Sig
Health	Male	137	16.4745	4.8961	.4183	.852	.395
	Female	163	18.2822	24.4236	1.9130		
Home	Male	137	16.0219	5.3708	.4589	.702	.483
	Female	163	16.4540	5.2543	.4115		
Social	Male	137	12.8686	3.9905	.3409	.062	.951
	Female	163	12.8405	3.8983	.3053		
Marital	Male	137	9.5985	4.5317	.3872	1.983	.048
	Female	163	8.5399	4.6683	.3657		
Emotional	Male	137	13.0803	12.0429	1.0289	1.170	.243
	Female	163	11.8896	4.4901	.3517		

Financial	Male	137	8.1606	2.9512	.2521	.821	.412
	Female	163	7.8896	2.7600	.2162		
Overall Adjustment	Male	137	74.8102	19.7650	1.6886	.601	.548
	Female	163	73.4540	19.1892	1.5030		
Mental Health	Male	137	22.2774	5.1631	.4411	1.144	.254
	Female	162	22.9877	5.5032	.4324		

**Graph – IV**  
**Mean Scores of adjustments & mental health for males & females**



It is assumed that elderly female persons are better adjusted in all areas of adjustment than male. But the mean value for male or female elderly persons on various areas of adjustments scores is not different. The t value is also not significant. Therefore the hypothesis the female elderly persons have better adjustment than male is rejected. It is assumed that female elderly persons have better mental health than male. But the table IV shows mean std. deviation and t value on mental health. The t value is not significant. Therefore the hypothesis that female elderly persons have better mental health than male is rejected.

Information Technology (I.T.) have made modern world smaller & smaller. Person from any Nation can easily contact other person in any corner of the world. People can communicate with each other by way of Internet, Skype, Social Network Sites, Mobile Phones, etc. They need not come physically together for communication.

On one side people are coming nearer due to digital revolution, but as the same time they are not finding enough time to communicate within the family. Gap is being developed within the family members. Due to work pressure neither parents are finding time for children or husband for spouse. The situation becomes grimmer for old age peoples & nobody in family has time for them. Though physically in family, they are mentally miles far away. Most of the times family members being reluctant to accept their old age people, they are compelled stay in old age homes. Taking this into view, this study has been developed to mental health & adjustment of old age people.



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