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## A Sociological Study of Caring of Aged within Family: With Special Reference to a Slum of Agra City



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### Abstract

The aged and the problems of aging have been concern to human being from the beginning of civilization. In all societies, whether modern or primitive, agrarian or industrial, man aware of his dignity and virtue of his power of thinking. Deprivation presents through-out the life of human being but it intensifies during the old age. The concept of retirement came with modernization, urbanization, industrialization and bureaucratization. In old age individuals did retire from their work but this retirement did not mean the retirement from the life, retirement from the society, retirement from the economic activities etc. But unluckily today at a definite age we do retire our aged not from the work but from all the socio-economic, cultural and familial relations also. They become more susceptible to chronic diseases, physical disabilities and mental incapacities. They loose dignity and respect, when they became inactive, incoherent, dependent, and senile. In fact the aged in our society face a multitude of psychological, social, economic and physical health problems. New social and economic forces have added fuel on the fire by eroding the traditional role of families and communities that had previously supported and protected the feeble, infirm, incurably ill, physically and mentally challenged and old age people. Aged need appropriate care and attention at this stage but the traditional support for the aged diminishing with the disintegration of joint family system and other post-modern change in our society. Though the governments and society undertook a number of measures to reduce the difficulties of aged yet these difficulties of aged are continuing in our society including slums because of lack of societal and governmental concern and familial carelessness towards aged.

**Keywords** : Caring, Depression, Family, Stress, Slums, Aged Women, Aged Men.

### Introduction

New ways of life and thinking in independent India buried ancient Indian traditions of supporting to needy persons, namely, the feeble, infirm, incurably ill, physically and mentally challenged and old people. Emerging social and economic forces have eroded the traditional role of families and communities that had previously supported and protected the old and infirm. The aged and the problems of aging have been concern to man from his beginning. In present time aged in Indian society are facing a number of social, physical, economic and psychological problems. Socially they are discriminated in social relations and social interactions, physically they are weak and their body & the parts of body lost functions, economically they are dependent on their family members and psychologically they became neglected and inferior. With the increasing urbanization, industrialization and bureaucratization, the problems and difficulties of aged are increasing. They are facing marginalization, economic deprivation, social isolation or psychological stress. Since ages, aged men and women require care, affection and concern from the family members. They are the integral part of family from decision making to actions. The concept of formal retirement came with modernization, urbanization, industrialization and bureaucracy. In old age individuals did retire form their work but unluckily at a definite age we do retire our aged not only from their work but from all the socio-economic, cultural and familial relations also. They suffer a number of socio-economic, psychological and physical problems and became the victim of social exclusion, economic marginalization and psychological depression.

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They became unable to productively contribute to the family expenditure and their dependency ratio also increases, thereby it leads to frustration and distress. In fact the aged face a multitude of psychological, social, economic and physical health problems. As age advances after 60 years there is increased morbidity and functional loss, also presence of a variety of depressive factors and occurrence of varying life events, greatly impact on one's psychological status, making them more prone to depression. With increasing age or after 60 years, every individual requires a special caring. This caring may be of physical, psychological, social and sometimes emotional or all. Depression is the most common psychiatric disorder among elderly manifested as major or minor depression characterized by a collection of depressive symptoms. Many studies have indicated severe depression among the elderly.

In modern and post modern period slum is a worldwide phenomenon, almost every city in every country has slums. But some countries deny the existence of slums. In country like India, where there is unplanned urbanization and fast industrialization, the problem of slums is very serious. Increasing population and fast urbanization is leading to this problem.

International community took the concern of ageing at the U. N. O. in 1948. In 1982 the U.N. General Assembly endorsed the International Plan of Action on Ageing. In 1990, the Assembly designated October 1 as the International Day for the Elderly, later renamed as the International Day of the Elder Persons. The U. N. General Assembly decided in 1992 to observe the 'International Year of Older Persons' in 1999 to raise awareness of the fast changing demographic picture of older persons. But the Indian official delegation to the world assembly at Vienna stated that our country did not have much of a problem of the aged since the traditional family took care of the older members and the government health services took care of their health needs (Karkal 1999). But in twenty first century the picture has been changed.

In 1947 the population over sixty years was just 5.5 percent in total population of India where as life expectancy was 31 years (Sivaramakrishnan 2014). The elderly population in the world which was 205 million in 1950 is expected to reach one billion by 2020; 70% of that will be in developing countries including India (Shah 2015). In 2001 in India the population of aged was 7.70 percent in total population with increasing life expectancy and medical facilities.

Percentage of Aged (60+) in Indian Population				
S. No.	Year	Percentage of Aged population	Number of Aged ( in million)	Decadal Percent Change
1	1951	5.43	19.61	13.31
2	1961	5.53	24.71	21.51
3	1971	5.97	32.70	24.80
4	1981	6.42	43.98	24.66
5	1991	6.55	55.30	23.16
6	2001	7.70	75.93	16.10

Source: Registrar General of India, Censuses of Respective Years

### Importance of Study

Old age is most critical period in human life. In this period, most of the parts of human body lost functions. The aged retired from their services, occupation and work and their income also falls, therefore, they depend on others for their day-to-day activities and needs. They have a number of socio-economic, psychological and physical problems. Some of our aged are treated well by their family members but most of them are not well treated and cared. They are neglected in social issues; tortured psychologically and economically they are exploited or left on their own. About the old destitute, Kumarappa observed that "... India is second to no other country in the world in veneration for aged. Yet thousands of old people in our country drag on a miserable existence uncared for and unprotected .... Old aged dependency is with us and it has come to stay since it is largely a result of industrial development ... a grave social problem does exist and will probably remain serious for many years or come unless we adopt social radical policy as early as possible (Kumarappa 1945). After 75 year of this statement we have observed that the problems of our

aged are being more serious with urbanization, industrialization and globalization.

Social media, print media and NGOs are showing that our aged has been become most discriminated; exploited and oppressed section in society, therefore, the study of aged is needed. The findings of the given work are important to make our society more sensitive towards the issues of aged. This study may be important not only for social workers but for the society as whole as this study showed that how aged are cared in families of slums. Therefore understanding and analyzing the problems of aged with special reference to slums is an important responsibility of academic community.

### Review of Literature

A number of studies have been conducted on the issues, problems and positions of aged. The Papyrus Smith, probably written in the Old Kingdom, 3000-2500 B.C., contains the first known written statement about treatment of the old (Grant 1963). Some of the studies of aged are as follows:

Crossman, London & Barry (1981) gave the emphasis on long term care of the elderly shifting from institutional to community based services. The critical role of care givers in the supporting network is

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gaining more recognition. The paper identifies a particularly high risk group of care givers – old women caring for disabled spouses and examines the issues and special problems they face.

Gupta (2013) in a survey of functioning of the National Old-Age Pension Scheme reveals that beneficiaries have difficulties in accessing the banking system and face inordinate delay in receiving their pension. Yet the scheme functions as an important provider of social security to the elderly.

Jutta & Liina (2014) examine the discursive constructions of older people by analyzing the talk of members of parliament in parliamentary discussion in Finland. The parliamentary examined in this study were related to the process of enacting legislation to secure service to older people. The findings of the study indicates that older people are constructed as either totally dependent & passive or extremely active.

Karkal (1999) discusses that Indian though the population of older people has been growing yet this increase in life expectancy will not be an unqualified success until adequate provision for the care of the elderly made. At present, the elderly often suffer abuse and as in any group, women suffer worse than men.

Rajan (2001) discussed the national Social Assistance Scheme and its components where they have been effectively introduced have gone a long way towards improving the lot of the poor elderly. However, there are several problems in the implementation of the schemes such as accurate identification of the beneficiaries and therefore a correct assessment of the financial burden on the government.

Schirmer & Michailakis (2015) in an article provided a theoretical framework for the study of loneliness as a social problem in older people. The problem of loneliness among older people varies in terms of cause and conditions, cultural themes and victims and villains. This framework provided help not only to guide a research design in order to address conflicting perspectives, rationalities and interests but also to enable researcher to grasp fully how loneliness among the older people attributed.

Rose, Poyer & Schiessl (2015) revealed differences in fixation strategies between the young and the old with increasing cognitive demand, which resulted in higher errors rated in older group. They observed increasing reaction times and duration between fixation and touches to targets, with increasing memory load and delay in both are the eye and the hand in older adults.

Shah (2015) in his research paper showed that as the average life expectancy of man in this world increase with time, the proportion of the aged also increases simultaneously. The population of elderly in the world which was 205 million in 1950 is expected to reach one billion in 2020; 70% of that population would be living in developing countries including India.

Stones & Gullifer (2014) understood the thoughts and feelings about ageing in place at home,

and what psychological, social and practical adaptive strategies they employ to cope with difficulties encountered during very old age. The findings suggested a need for person centered home care assessment processes and aid significant others to understand better what very old adults need to live independently.

Treas (1977) despite the cognitive importance of family support system for the aged, historical changes have created new constraints on families in caring for aging kin. Demographic changes has reduced the number of descendants of whom, an older person may turn for assistance. Changes, women's social role, particularly rise of work outside the home, has fostered obligation which compete with duties toward aging partners. Transformation of the economy has decreased parents' power to insure their support by growing offspring.

Wohlgemuth, Auerbach, & Parker (2015) in an exploratory study examine the dual role of family caregivers, the impact of their geriatrics expertise on the care of the family members and the influence of those experiences on their clinical practices.

## Objectives of the Study

Following are the objectives of the given study-

1. To study the socio-economic conditions of aged women and men in slum of Agra.
2. To assess and analyze the caring of aged women and men in slum of Agra.

## Hypothesis

On the basis of objectives, following are the hypothesis-

1. The socio-economic conditions of aged women and men in slum of Agra city are very poor.
2. Caring of aged women and men's is very poor in slums of Agra.

## Design of the Study

The design of the present study is Descriptive. The caring of aged (women and men within family) has been described and explained in the given study. The cause and effect relationship of the caring of aged within family in a slum of Agra city have been described.

## Area and Universe of the Study

In Agra the slum population is 8, 20,000 in 393 slums out of them 262 slums are registered and 131 are unregistered. The area of given study is the Nagla Bhawani Singh, one of the slum of Agra city. The total population of this Nagla Bhawani Singh Slum is 3400 and the aged population is 184 out of them 95 are women and 89 are men. All the aged women and men (above the age of 60) of Nagla Bhawani Singh slum of Agra city is the universe / population of study.

## Unit & Sampling of the Study

The unit of the study is aged woman and man (above the age of 60) of Nagla Bhawani Singh slum of Agra city. After consideration of total number units, their nature and objectives of the research the researcher did use purposive sampling method to select the units for the study. Out of 184 units (30 aged women & 30

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aged men) roughly 30 percentage of the population were selected from the universe.

### Tool for Data Collection

For the collection of required information which was needed for the fulfillment of the objectives of research, the structured interview-schedule was constructed. This interview-schedule was divided into two parts, first part was concerned with the questions of socio-economic and familial background of aged and the second part was concerned with the questions of caring of aged within family.

### Data Collection

In the present study, both types of data have been used. Primary data were collected from the respondents (aged women and men) with structured interview-schedule through fieldwork. These data were collected from the respondents in the months of June to August 2015. Secondary data were collected from the different books, journals, news papers and other documents.

### Findings of the Study

The major findings of the study derived from the data collection through structured interview-schedule from the aged women and men from Nagla Bhawani Singh Slum of Agra city are as follows:

**Table: 1 Types of House**

S. No	Type of House	Women		Men	
		Number	Percentage	Number	Percentage
1	Kaccha House Without Toilets	2	6.66	3	10.00
2	Kaccha House With Toilets	3	10.00	4	13.33
3	Pakka House Without Toilets	7	23.33	6	20.00
4	Pakka House With Toilets	8	26.66	5	16.66
5	Mixed House Without Toilets	5	16.66	4	13.33
6	Mixed House With Toilets	5	16.66	8	23.33
5	Total	30	100	30	100%

As table 1st shows that 6.66% women respondents and 10.00% of the men respondents said that they live in Kaccha house without toilets whereas 10.00% of the women respondents and 13.33% of the men respondents said that they live in Kaccha House with toilets. 23.33% of the women respondents and 20.00% of the men respondents live in Pakka House without toilet whereas 26.66% of the women

respondents and 16.66% men respondents said that they live in Pakka Houses with toilets. 16.66% of the women respondents and 13.33% of the men respondents said that the live in Mixed House without toilets and rest 16.66% of the women respondents and 23.33% of the men respondents live in Mixed Houses with toilets.

**Table: 2 Caste Category**

S. No.	Caste Category	Women		Men	
		Number	Percentage	Number	Percentage
1	S.C.	11	36.66	12	40.00
2	O.B.C.	13	43.33	11	36.66
3	General	6	20.00	7	23.33
4	Total	30	100	30	100

As the table 2 shows the caste category of the respondents, that 36.66% of the women respondents and 40% of men respondents are from the S. C. caste category whereas 43.33% of the women respondents

and 36.66% of the men respondents belong to O.B.C. category. Rest 20.00% women respondents and 23.33% men are from the general caste category.

**Table: 3 Education**

S. No.	Education	Women		Men	
		Number	Percentage	Number	Percentage
1	Illiterate	15	50.00	18	60.00
2	Literate	6	20.00	5	16.66
3	Class 5	6	20.00	3	10.00
4	8	2	6.66	2	6.66
5	10	1	3.33	2	6.66
6	Total	30	100	30	100

As table 3 shows that 50.00% of the women respondents and 60.00% of the men respondents are

illiterate. 20.00% of the women respondents and 16.66% of the men respondents are just literate.

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20.00% of the women respondents and 10.00% of the men respondents said that they are 5<sup>th</sup> class passed. 6.66% of the women respondents and the same

percentage of the men respondents are 8<sup>th</sup> passed. The rest (3.33%) of the women respondents and (6.66%) of the men respondents was 10<sup>th</sup> passed.

**Table : 4 Number of Sons and Daughters**

S.No	Number of children	Women		Men	
		Number	Percentage	Number	Percentage
1	1	2	6.66	3	10.00
2	2-3	4	13.33	5	16.66
3	4-5	13	43.33	165	53.33
4	6 or more	11	36.66	6	16.66
5	Total	30	100	30	100

As the table 4 shows that 6.66 % of the women respondents and 10.00% of the men respondents said that they have one sons or daughter. 13.33 % of the women respondents and 16.66 % of the men respondents have 2-3 sons and daughters.

43.33% of the women respondents and 53.33 % of the men respondents said that they have 4-5 son / daughters. Rest (36.66 % of the women respondents and 16.66% of the men respondents) said that they have 6 or more sons and daughters.

**Table:5 Family Income Including their Pension (Monthly in Rupees)**

S.No.	Family Income in Rupees (Monthly)	Women		Men	
		Number	Percentage	Number	Percentage
1	Less than 2000	3	10.00	1	3.33
2	2000-5000	8	26.66	5	16.66
3	6000-10000	13	43.33	15	50.00
4	More than 10000	6	20.00	9	30.00
5	Total	30	100	30	100

As the table 5 shows that 10.00% of the women respondents and 3.33% of the men respondents said that their month family income is less than Rs. 2000. 26.66% of the women respondents and 16.66% of the men respondents' monthly family income is Rs. 2000-5000 whereas 43.33% of the women respondents and 50.00% of the

men respondents said that their monthly family income form all sources including their pension is Rs. 6000-10000. Rest (20.00% of the women respondents and 30.00% of the men respondents) have Rs. 10,000 or more than 10,000 monthly income including their pension

**Table: 6 Place of Living in the House**

S.No.	Living place	Women		Men	
		Number	Percentage	Number	Percentage
1	Shared Room	15	50.00	12	40.00
2	Separate Room	3	10.00	2	6.66
3	Verandah	9	30.00	10	33.33
4	Backyard	1	3.33	3	10.00
5	Others	2	6.66	3	10.00
6	Total	30	100	30	100

As the table 6 shows that 50.66% of the women respondents and 40.00% of the men respondents said that they all live in shared room. 10.00% of the women respondents and 6.66% of the men respondents said that live in separate room. 30.33% of the women respondents and 33.33% of the

men respondents live in Veranda of their house. 3.33% of the women respondents and 10.00% of the men respondents live in backyard of their house. Rest, 6.66% of the women respondents and 10.00 % of the men respondents said that they live in other places of house.

**Table : 7 Proper Meals Served by Family Members**

S. No.	Serving of meal	Women		Men	
		Number	Percentage	Number	Percentage
1	Always	8	26.66	8	26.66
2	Sometime	9	30.00	8	26.66
3	Never	8	26.66	9	30.00
4	Can't Say	5	16.66	5	16.66
5	Total	30	100	30	100

As the table 7 shows that 26.66% women respondents and the same percentage of men respondents said that their family members always served proper food when it is required. 30.00% of the women respondents and 26.66% of the men respondents said that proper meals are served

sometimes by their family members. 26.66% of the women respondents and 30.00% of men respondents were never served proper meal by their family members. Rest (16.66% of the women and 16.66% of the men) fall in the category of can not say

**Table: 8**  
**Sharing of Family and Social Issues by Family Members**

S. No.	Sharing on issues	Women		Men	
		Number	Percentage	Number	Percentage
1	Always	3	10.00	7	23.33
2	Sometime	16	53.33	19	63.33
3	Never	2	6.66	1	3.33
4	Can't Say	9	30.00	4	13.33
5	Total	30	100	30	100

As the table 8 shows that 10.00% of the women respondents and 23.33% of the men respondents said that their family members always discuss the family and social issues with them whereas 53.33% of the women respondents and 63.33% men respondents said that their family

members sometimes discuss the family and social issues with them. 6.66% of the women respondents and 3.33% of the men respondents said that their family members never discuss such issues with them. Rest (30.00% of the women respondents and 13.33% men respondents) said cant not say.

**Table: 9**  
**Importance Given to Your Advices**

S. No.	Importance ...	Women		Men	
		Number	Percentage	Number	Percentage
1	Always	4	13.33	6	20.00
2	Sometime	8	26.66	8	26.66
3	Never	13	36.66	12	40.00
4	Can't Say	5	16.66	4	13.33
5	Total	30	100	30	100

As the table 9 shows that 13.33% of the women respondents and 20.00% of the men respondents answered that their family members give always importance of their advice. 26.66% of the women respondents and the same percentage of the men respondents said that their family members give sometimes importance to their advice. 36.66% of the

women respondent and 40.00% of the men respondents said that their family members give never importance to their advice. Rest (16.66% of the women respondents and 13.33% of the men respondents) said that they can't say anything about advice.

**Table: 10**  
**Providing Proper Clothes When Required**

S. No.	Providing proper clothes	Women		Men	
		Number	Percentage	Number	Percentage
1	Always	5	16.66	6	20.33
2	Sometime	9	30.00	9	30.00
3	Never	11	36.66	10	33.33
4	Can't Say	5	16.66	5	16.66
5	Total	30	100	30	100

As the table 10 shows that 16.66% of the women respondents and 20.33% of the men respondents replied that their family members provide clothes always to them whenever it required. 30.00% of the women respondents and the same percentage of the men respondents said that their family

members provide sometimes clothes to them. 36.66% of the women respondents 33.33% of the men respondents said that their family members provide never clothes to them. Rest (16.66% of the women and the same percentage of the men respondents) said that they can't say anything on this topic.

**Table:11**  
**Help in Walking When it is Required**

S. No.	Help in walking	Women		Men	
		Number	Percentage	Number	Percentage
1	Always	3	10.00	4	13.33
2	Sometime	9	30.00	9	30.00
3	Never	11	36.66	12	40.00
4	Can't Say	6	20.00	5	16.66
5	Total	30	100	30	100

As the table 11 shows that 10.00% women respondents and 13.33% of the men respondents said that their family members help always in walking when it is required. 30.00% of the women respondents and the same percentage of the men respondents said that their family members help

sometime in their walking. 36.66% of the women respondents and 40.00% of the men respondents said that their family members never help in their walking. Rest (20.00% of the women respondents and 16.66% of the men respondents) said that they can't say anything on this issue.

**Table: 12**  
**Providing Medical Facility When it is Required**

S. No.	Providing medical facility	Women		Men	
		Number	Percentage	Number	Percentage
1	Always	9	30.00	5	16.66
2	Sometime	1	3.33	3	10.00
3	Never	13	43.33	12	40.00
4	Can't Say	6	20.00	10	33.33
5	Total	30	100	30	100

As the table 12 shows that 30.00% of the women respondents and 16.66% of the men respondents answered that their family member's always provide medical facility to them. 43.33% of the women respondents and 40.00% of the men respondents said that their family members provide medical facility sometimes to them. 43.33% of the

women respondents and 40.00% of the women respondents said that their family members never provide medical facility to them. Rest (20.00% of the women respondents and 16.66% men respondents) said that they can't say anything on this topic

**Table: 13**  
**Carrying for Market and other Places when it is Required**

S. No.	Carrying market and other places	Women		Men	
		Number	Percentage	Number	Percentage
1	Always	7	23.33	8	26.66
2	Sometime	8	26.66	5	16.60
3	Never	9	30.00	9	30.00
4	Can't Say	6	20.00	8	26.66
5	Total	30	100	30	100

As the table 13 shows that 23.33% of the women respondents and 26.66% of the men respondents replied that their family member's always carry them to market whenever it is required. 30.00% of the women respondents and the 16.66% of the men respondents said that their family members

sometimes carry market to them. 26.66% of the women respondents and 30.00% of the men respondents said never and rest (20.00% of the women respondents and 16.66% of the men respondents) said that they can't say anything on this topic.

**Table: 14**  
**Overall Caring of Aged**

S.No.	Overall Caring	Women		Men	
		Number	Percentage	Number	Percentage
1	Always	9	30.00	5	16.66
2	Sometime	3	10.00	7	23.33
3	Never	11	36.66	13	43.33
4	Can't Say	6	20.00	5	16.66
5	Total	30	100	30	100

As the table 14 shows that 30.00% of the women respondents and 16.66% of the men respondents replied that their family members care always to them. 36.66% of the women respondents and 23.33% of the men respondents are cared sometimes by their family members. 10% of the

women and 43.33% of the men said that their family members never care of them. Rest 20.00% of women respondents and 16.66% of the men respondents said can not say about the overall caring by their family members.

**Table: 15**  
**Benefit of Old Age Pension Scheme**

S. No.	Benefit	Women		Men	
		Number	Percentage	Number	Percentage
1	Yes	27	90.00	28	93.33
2	No	1	3.33	1	3.33
3	Can Not Say	2	6.66	1	3.33
4	Total	30	100	30	100

As the table 15 shows that 90.00% of the women respondents and 93.33% of the men respondents said that they did get old age pension scheme of the government while 3.33% of the women respondents and the same percentage of the men respondents said no and the rest (6.66% of the

women respondents and 3.33% of the men respondents) did not give any response.

### Summary and Conclusion

On the basis of above observation, the study shows that the aged persons who are living in slum of Agra are living in mixed houses without toilets facility. The findings of the study also show the other aspect

of the slums that is the housing conditions of the slums in urban areas, most of these houses do not have toilet facilities. The residents of such areas go to public / community toilets or open areas to defecation. In such types of slums, most of the residents are S.Cs. and O.B.Cs. & most of them are illiterate or just literate. They have 4-5 sons and daughters and their monthly family income from all sources is Rs. 6000 to 10,000 including their old age pension. 1 out of 2 respondents said that their family members do not allowed them to share their living room they live either in Verandah, backyard or other places

The caring of the aged of in slum of Agra is not different from the caring at other places of our society. Slightly less than one third of the respondents (26.66% women and 30.00% men) are never served meals properly and regularly, which is biological necessity of each human being. 1 out of 2 women respondents and 2 out of 3 men respondents replied that their family members do not share family and social issues with them and the family members maintain difference with them on such issues. 2 out of 3 respondents replied that their family members either never give importance to their advice or some times give important to their advice given on social, economic and family issues. 2 out of 3 aged replied that their family members have never provided clothes to them or if they provided sometimes. Three forth of the women respondents and more than three forth of the men respondents replied that their family member never supported assisted them in walking when it is needed or if they support they do such sometimes. Regarding medical facilities most of the respondents, 1 out of 2 replied that their family members never provide medical facility to them or if they provide they do sometimes after asking to them several times. Carrying them the market and other places such as community home and temple or place of worship when it was required slightly less than one third of the respondents said that their family members never carry them to market. Overall caring of the aged in slum of Agra city is very poor; 36.66% of the women and 43.33% of men said that they are never cared by their family members.

The governmental and societal concern toward our aged people is not different. Aged are not only neglected only by the family members but government and administration also. Some of the respondents informed that they got delayed pension because of financial and administration difficulties and negligence. 3 out of 60 respondents are not sure that when they will receive their pension. Every third respondent said that the amount paid in pension is either kept by their family members or a little amount is used on them & their personal needs such as health, food and clothes. Every second respondent said that their family members whatsoever care them is because of their pension. Some of the aged said that they threat to their family members to tell to others about them that they are not caring and treating well. But this trick works sometimes. Though the comparison of caring of women and men in slum of Agra does not differ too much yet this difference is

of 7 points. Aged women are cared more than then aged men because of different reasons such as women are cared by their women family members while caring of aged men fall on the male members. Some male family members of aged families are alcoholic and they do not care to them. These male members of the aged men's family do not be able to care themselves then how can they care their olds? The problem of alcoholism in slums is another cause of neglecting of aged.

There is absence of old age homes in slum neighborhood, therefore all the aged are living in families. In such a condition aged has no alternative to live expect family. So this compulsion of dependence on family added fuel on the fire of problem of neglecting aged in their family, i.e., aged are not cared properly in their own family.

### Limitations of the Study

Though the researcher did his best efforts in completion of the research yet following may be the limitations of this study-

1. In the given study the data were collected from a particular slum of Agra, i.e., from a small geographical area.
2. The universe of the study was small because of paucity of time and other difficulties in reaching the location of the slums.
3. Sample size was also small.
4. Data were collected in a short duration of time; data collection was done in the months June to August 2015.
5. SPSS and other statistical calculation did not use in calculation and interpretation of data.
6. Limited variable were used in the study.

### Suggestions For Further Studies

On the basis of experience of the research on caring of aged in slum following suggestions may be given to the researchers who want to conduct research of aged in slums:

1. A multidisciplinary approach should be used in such studies.
2. Sample size should be larger.
3. Universe should be bigger diverse in nature.
4. Quasi participatory observation may be more useful in such types of studies.
5. SPSS and other statistical calculation should be use for the interpretation of data.
6. Societal and governmental concerns should also be included in detail.
7. Diagnostic research design should be applied for the study of aged in slums.

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