

Final Report

1. Title of the Project: **Multicultural aspect of active ageing: A cooperative study between Sweden and India**
2. Unique ID of the Project (provided by ICMR): **2017-0053**
(Ref. No. 54/3/GER/Indo-Sweden/17-NCD-II)
3. Principal Investigator and Co-Investigators: **Santa De (Principal Investigator)**
4. Implementing Institution and other:
collaborating Institutions **Bharati Vidyapeeth College of
Nursing Pune**
5. Date of commencement: **16 July 2018**
6. Duration: **4 years**
7. Date of completion: **30 Jun 2022**
8. Objectives as approved:
 1. To understand the perception of older adults about active ageing in India and Sweden.
 2. To identify the services required by these older adults concerning active ageing.
 3. To explore care provider's perceptions of active ageing and services by incorporating the above findings using vignette technique summarizing elderly's views.
 4. To develop a culture-sensitive care model for elderly with the help of Delphi technique in the two economically diverse countries.

9. Deviation made from original objectives if any, while implementing the project and reasons thereof.

Interim modification of objectives/ methodology (With justifications) during the first phase of the research:

- During first stage of the research, the researchers conducted a broad review of the research field on active aging which included the analysis of the conceptual aspects of active aging from a multicultural perspective. In this stage the overview and development of the research tool. During the Swedish PI Visit, further discussion and review of literature was carried out which resulted in the modifications and further development of the originally chosen tool.

- The proposed modification was impacting the relation between study one and two. In the original HACT tool, health was isolated in study one. However, health is merely one part of three studies within the concept of active ageing. The modified tool was made incorporating all parts of active ageing namely health, participation and safety, in one and the same study. By this key theoretical trusts, the HACT study are conserved while the tool also incorporates the more holistic view of health. A holistic view has been developed from the most recent research in the field of active ageing.
- An additional benefit of the merging of study one and two was that the resources to conduct a study on the view of care providers on active ageing as described by the older adults, along the views of the decision makers. In terms of methodology, the study of the care providers was based on Vignettes from the findings of study one and the views of the decision makers are captured by the Delphi study, as originally planned.

Tabular Representation of the Proposed Changes

Initial Research Proposal			Modified Research Proposal		
Study I	Older adult's perspectives based on interviews	Year 1	Study I	Older adult's perspectives based on interviews combined with HACT perspective in each country	Year 1
Study II	HACT (Health as Ability to act)	Year 2		The comparative study of India and Sweden is to apply a mixed method qualitative comparative analysis	
Study III	Staff members in leadership positions (Delphi study combined with Vignette study)	Year 3	Study II	Care providers' perspective based on Vignette study	Year 2
			Study III	Staff members in leadership positions (Delphi study)	Year 3

10. Field/Experimental work giving full details of summary of methods adopted:

Study 1: Perceptions of active ageing by older people in India:

Study I is a qualitative study that aims at planning the understandings of elderly regarding active aging. This part of the research work was done with two sets of older adults. Set one consisted of 40 older adults living in various old age homes run through government aids and/or managed by the charitable trust in the city of Pune and Chinchwad. Set two consisted of 40 older adults living in the family either alone, or with their spouse or, with or without

spouse along with their married children and their families. Data was collected using a semi structured interview guide and recorded by digital audio.

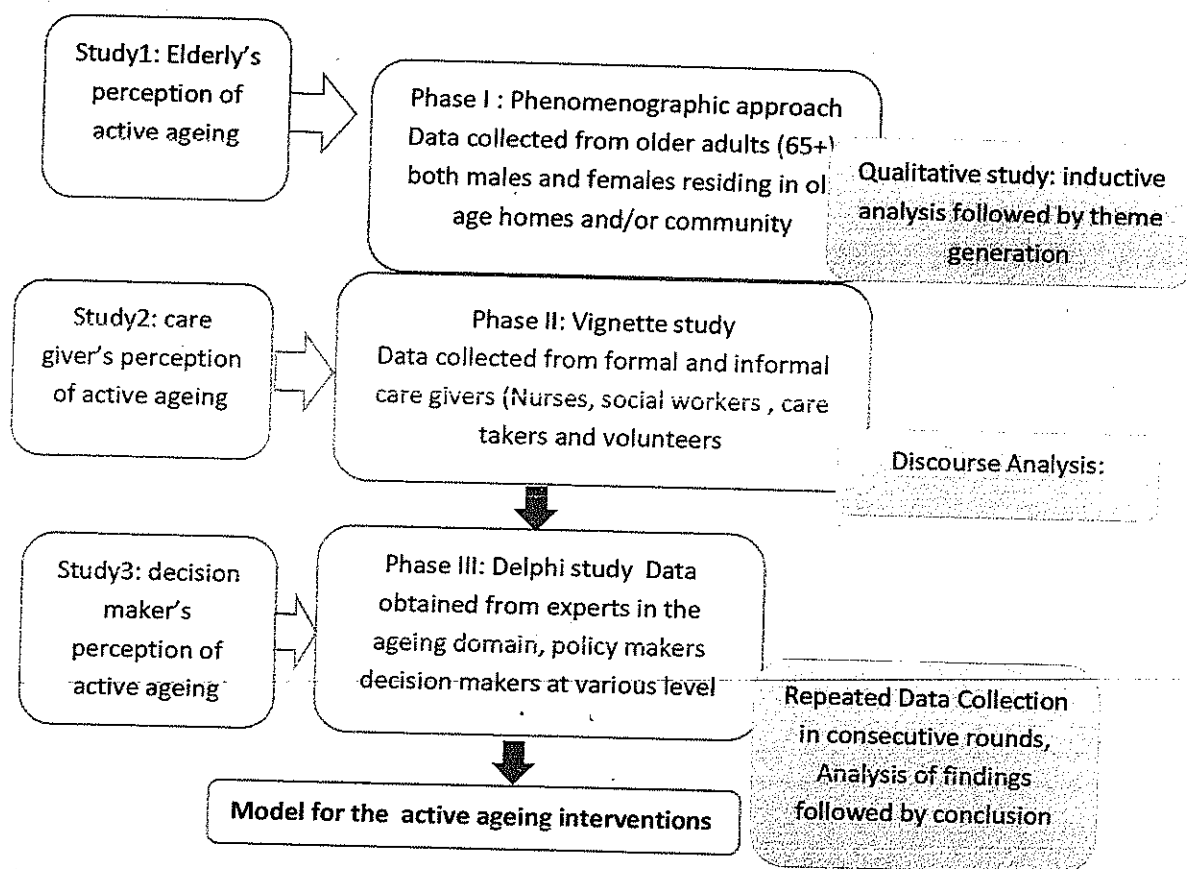


Fig 1: Research Study design

Questions asked in regard to the elderly's perception of active ageing in relation to everyday chores and personal caring chores, recreational activities, relationship with close ones including family members, friends and acquaintances, role conservations, personal development, safety and financial health.

The study was analysed by phenomenographic approach that gave us a greater understanding of the elderly's perception about active ageing. An inductive analysis was done in this phase. This part of the study explored elderly's vital life goals and normative expectations on aging. It had given a greater freedom to the older persons to express their views, invited them to reflect on key issues on active ageing.

Study2: Care provider's perspective of active ageing based on qualitative vignette study

The vignettes in this study are made on the description of the life course of hypothetical cases where the elderly individuals were in increasing need for assistance.

Two sets of Vignettes were developed from the data obtained in study I. **First set** consisted of three vignettes constructed from 40 elderly living in families either alone or with spouse or with their married child and his/her family. **The Second set** comprised of four vignettes developed from another 40 elderly living in the old age homes. The case studies chosen in this group of vignettes were males and females (abandoned, unmarried and widows). Thus, a total of seven vignettes were constructed from 80 interviews conducted in Phase I.

Each vignette presented the case of an elderly on authentic events. Case descriptions formed the data collected from the elderly during the interviews in the phase 1 of the study. The description in the vignettes were with a brief account of the life of elderly individual, that had reflected elderly's current situation.

Data obtained from the participants on written open ended questions about how would they care for the elderly individual based on their field of experience (social workers, nurses and care takers). A total of 8 nurses, 3 social workers and eight care providers were included for data collection.

Study 3: Staff members in leadership positions (Delphi study) Deiphi study to develop a culture sensitive care model:

Study three is a Delphi study. This was the most interesting part of the entire research work. Delphi survey technique had been used in this phase of the study to obtain a group consensus among "experts" through a series of rounds of questionnaire to gather and provide information regarding promotion of active ageing in India. In the first round of the study nine open ended questions had been administered to the experts for getting their free and frank opinion. Thematic analysis based on Braun and Clarke (2006) was done and Three themes were identified. Theme I (creating appropriate environment for promotion of active ageing) yielded 19 statements, theme II (Government responsibility for offering an environment in encouraging active ageing) yielded 15 statements and theme III (Role of other actors in promotion of active ageing) yielded 16 statements. All together there were 50 statements. Within each theme the statements were reformulated into survey items with a 5-point Likert scale to be used in second round. In this round, the panelists were asked to evaluate their

degree of agreement on a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The panelists were encouraged to comment on why they positioned themselves if they did, although few did. Results were analyzed with descriptive statistics and the findings of this (second) round were compiled into one document specific for each panelist showing the mean value of agreement of the statements and the comments made by the other panelists and a reminder of where on the Likert scale they positioned themselves. In the third and final round of the inquiry, the personal document was sent back to the panelists. They were asked to revise their position in light of the mean agreement and commentaries of other members of the panel. The panelists had the option to comment on their reasoning and was encouraged to do so if they deviated from the mean agreement. The threshold for consensus was set to 80 Percent (Based on Green et al 1999). The third round was analyzed with descriptive statistics (Mean value of positioning) along with the qualitative comments provided by the informants in round 2 and round 3.

11. Detailed analysis of results (Supported by necessary tables, charts & diagrams)

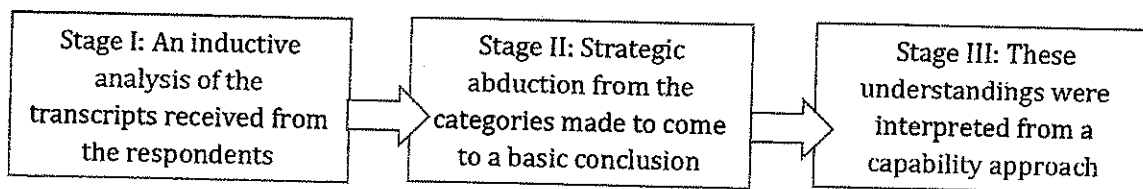
Analysis:

Analysis of Study 1: Perceptions of active ageing by older people in India:

The steps of analysis followed Phil, Fridlund and Mårtensson (2011) description of phenomenological analysis and proceeded in three phases.

Phase one : an inductive analysis was conducted based on the interviews of the older persons.

Phase two higher level abduction was generated through categorization aiming to saturate meaning. At the **last phase** these understandings are interpreted from a capability approach.



After an introduction of the family circumstances of elderly, the study explores elderly's vital life goals and normative expectations on aging. Furthermore, the study explores how the decisions of elderly to stay in the family with married or unmarried children (son or

daughter) or alone or living in the old age home formed in reference to the constellation of a number of circumstantial factors including family constellation as well as the resources of elderly, such as health; finances and formal and informal social networks.

Theme	Subtheme
Theme 1: Vital Life Goals	Subtheme 1.1: A meaningful life Subtheme 1.2 : Autonomy
Theme 2: Personal Resources to realize vital life goals	Subtheme 2.1: Family context of vital life goals Subtheme 2.2: Financial security Subtheme 2.3: Health as a changing resource
Theme 3: Norms and values	Subtheme 3.1: Individualism Vs collectivism Subtheme 3.2: Self reliance Subtheme 3.3: Self Restraint Subtheme 3.4: Withdraw from social roles Subtheme 3.5: Charity as part of ageing Subtheme 3.6: A life of compassion Subtheme 3.7: Balanced and generalized reciprocity Subtheme 3.8: A life of love and disengagement
Theme 4: Institutions of living	Subtheme 4.1: joint family system Sub-Subtheme 4.1.1: Care of elderly parents Sub-Subtheme 4.1.2: Grandchildren Sub-Subtheme 4.1.3: The extended family as a resource in care: Siblings and aunts, uncles and nieces Subtheme 4.2: Informal network of neighbours and friends Subtheme 4.3: Formal network Sub-subtheme 4.3.1: senior citizen's organizations Sub-subtheme 4.3.2. Housing societies and neighborhood-based safety networks Subtheme 4.4: Getting paid help with chore Subtheme 4.5: Moving to Old Age Home: obligation /alternative shelter Subtheme 4.6: Governmental support

Health and related social phenomenon are changing profoundly. Life matters when we exist and we are among living things. By taking a reflective perspective one can one may realise the worth of life.

Theme 1: Vital life goals:

Subtheme 1.1 : A meaningful life:

Meaningful life represents the pursuit of anything that makes one deeply come alive that can make life incredibly happy. For some, life is worth as a whole than sum of its parts.

As case of 71 year old gentleman illustrates, he carefully compared his likelihoods for a meaningful life. On the one hand he highlighted the importance of his "friend circle" and his daily prayer visit at the shrine Shankar Maharaj and in the town where he "can roam around".

Another motivation for this elderly man to stay in his own home where he feels the vibrations of his deceased wife. As he claimed:

"Even after my wife died, her existence is still there. How can I leave her and go?"

On the other hand, he expressed fears about becoming lonely if he moved to the town and home of his son:

"But I don't have anything for time pass. I used to sit and stare at the walls...all alone", since both his son and his daughter-in-law are working.

Minding a grandchild seems to be an important motivation to move to the family of the child: "They do not have any children. I could have stayed with them".

A meaningful life can also be to re-marry, rather than moving to the families of adult children, as another elderly widowed man argued.

Authority is a goal that elderly at this stage of life no longer desire to possess. Rather, they seek a retreat and acceptance of fading authority at work and in the family.

Subtheme 1.2. Autonomy

Meanwhile, a key vital life goal for elderly was to be able to live an autonomous life. Financial independence was important for some elderly, but many were more or less financially dependent on their children. Meanwhile, personal autonomy was highly valued by all. This included to be able to perform daily routines by self. An example of an elderly woman shows how to be able to do things at her own pace, to fall asleep again after the morning tea, makes her feel good:

"I wake up in the morning at 06:30 ... to make a tea for myself.... even if I feel like sleeping for little extra still I get up... after taking tea, I feel better.... For old age people it is needed.... they feel good."

Autonomy is appreciated even in relation to deciding how to follow medical advice, such as recommended physiotherapy:

"I feel good. Actually, ... I don't like do exercise very vigorously".

One enjoys independence in doing things as per their abilities:

"I cook and do other things. If it is possible I do some cleaning also."

Theme 2. Personal resources to realize vital life goals

To capabilities of elderly to realize their life according to their vital goals and norms is dependent on their resources. Below elderly's material and immaterial resources are explored.

Subtheme 2.1. The family context of ageing

Among 40 elderly individuals interviewed and living in the family, seven were living alone independently in separate household. Out of these seven elderly who were living alone one has not been married, while six are widows. Thus, only the six latter could have had the ability to live with the families of their children and One was unmarried female. Ten of the older adults interviewed were staying in couples. The children of these elderly have moved to work and built families at some distance from the elderly's residence. Twenty three of these elderly were living with their married children

The mobilities of adult children prompted diverse responses depending on several considerations. one of the interviewed elderly chose to stay in their home town and flat despite of the move of their adult child to another city. A good example for this is an elderly man who, despite his son, who moved to another city, inviting him to move in with them, decided to live alone:

"I will never leave this house. You can go wherever you want."

For some others, like 79 years pensioner, retired from government service, unmarried and well educated woman to stay in the city and flat of their own has been facilitated by the presence of relatives, often siblings, living in the same housing complex.

In some 73 years old retired school teacher have many children, all living at different places. She had two children living overseas and one in another city in India. She used to stay for some month at each child, little longer where there were grandchildren to mind. This lady is motivated to move between the households of her children, learn new environments, such as fine nature in Australia. However, she did not want to move in permanently with any of them.

One of the elderlies did move away from their own city to the city of their adult child, yet the adult child purchased an independent flat for the elderly parent in the same housing complex.

Subtheme 2.2. Financial security

Concerning the financial situation of the elderly there are three major types: having good economy, managing with some economic help of children, managing with more substantial help of children. Those elderly who have pensions and own savings are in a advantaged situation. As one of the elderly, who can make a living from her own resources argues:

"I get interest of pension and investment that more than enough for me".

These elderly most commonly had state-employment and could secure their economic independence through the government pension:

"They [school authority on retirement] had given me a cheque to deposit at the time of retirement [gratuity] and now I get monthly pension. Now I am getting Rs. 25000/- as pension."

Those having good economy, balance between using resources for own self-reliance or sharing it with their children and family:

"I had also got some funds etc. But I used all that money for the treatment of my husband and for my children's marriages."

As another example, a widowed man who worked in managerial position in a government office is in a good financial situation. He has Rs. 10000/- in pension, a Mediclaim insurance for 3 lakhs, no liabilities and owns an apartment. Nonetheless, he was very anxious not to burden financially his family. He accepts minor financial help, such as travel arrangements to visit one of his daughters, and physical help but not financial:

[My] relation [to my daughters' family] as far as I don't become dependent on them financially ... will be no problem. Financially I am well off till now. I don't want any financial help from them only physical and mental help.

Elderly with good financial security are able to manage their own economy, banking and other financial issues:

"No one interferes in [my bank affairs]. Actually I have some idea about investing the money that I possess.....So, I decide that... no one else decide for me in that matter"

In contrast, some of the elderly do neither have a good pension or savings and are financially dependent on their children. One elderly woman did not have independent income, and her husband worked at a private company which work did not give entitlement to pension:

"no no he didn't get any pension... P(company) didn't give any pension".

This elderly woman needs help from her daughter to manage her finance:

"My younger daughter does everything... she looks after my bank related work... Then she manages my accounts in Bombay. She also looks after my Mediclaim.. that I think we have discontinued. We were paying a huge premium"...

Even those elderly who have very minimal independent income, rely to higher or lower degree on the economic support of their children, as the example of an elderly widowed man living alone can

illustrate. He is educated till high school level, and has Rs. 1000/- as pension, and is economically dependent on his son who moved to another part of the same city near his workplace. The elderly man's house is bought by his son, whom he has brought up, educated, with economic difficulties. The son has an educated working wife. The elderly man is happy with the arrangement. His son pays for two maids who help him in his house for cooking and cleaning. If he would get sick, he wants to take the rikshaw himself to go to a doctor. He does not want more physical assistance from his son, likely since he gets financial help, and does not want to be any more burden on the son.

In our sample there are many elderly women who have been highly educated with independent incomes, some of them with own government pension. Meanwhile, on some of the accounts indicate that other elderly women have typically not been economically independent. As one of the stories of an elderly men explains, wives without own income had to rely on family support. As an elderly man accounts, his wife has not done anything without his permission and how she had no money on her own.

"My wife was not doing anything without asking me. If I would be there then only she was used to go outside for travelling. She was always used to keep money with me only, she never kept money with her".

In contrast, men's advantage in financial matters can prevail even in the old age as the example of an elderly widowed men with good finances illustrates. He can even conceive the potential of finding a new wife, who in exchange for receiving financial security through the elderly men's pension could take care of her:

"Right now I am physically fit. At least for the next 8-10 years nothing may happen to me. After that I cannot say. I am thinking of looking for a companion. ... If I find one ... around 55- 60 years of age... till she stays with me I will have to arrange for her accommodation. I will do it as I have my own house and I am financially independent. If it happens that way then I won't have to depend on my daughter for day to day needs".

Subtheme 2.3. Health as a changing resource

With aging the health resources of elderly change. From being able to realise the self-reliant life as desired, one might become dependent on help. Such change in condition prompts the renegotiation of the generational (relations of same generation) contract.

At the current state a lady, widow, manages herself, and is cautious to call help of her brothers only when really needed:

"Suppose if I am feeling scared or I am having gases then I have kept some homemade medicines like carom seeds and like that. I do myself something like that at home only. If there is anything serious problem then I call my younger brother then he immediately comes to help me".

However, with declining health this support became invaluable:

"Now, the current situation is different since 2 to 3 years. But 6 months.... No no... before 9 months in January my health was not good... since then I need more help. I go outside but there must be someone with me".

Another elderly man, who cherished living on his own, overweighs to buy adjacent flats for himself and his daughter when he could need more help, enabling her to provide care for him:

"In my old age I will go to my daughter's place. I want to purchase two adjacent flat in Madgaon for me and my daughter... I will stay independently in one flat and the other I will give to my daughter. So, she will stay near me and I can take her help easily when needed. ... It will be good for me too. I can remain independent financially".

Health problems of elderly parents ignite family solidarity, even though elderly live detached from their adult children.

"I don't know I had some choking problem. I was admitted to the [Diwali hospital] emergency. ... My wife was crying. I told her, not to worry. Even after discharge I had to take rest for 1 month. But I had some problems. My son (19 years) managed everything".

Theme 3. Norms and values

Subtheme 3.1. Individualism vs collectivism

Staying alone assumes also autonomous economic base, rather than submergence in the collective of the (joint) family. This assumes a certain individualism, a trait that could be considered foreign (not a regular custom) to the Indian context seen as collectivistic. While the overwhelming majority of elderly are dependent on the economic provision of their adult children, a well-educated minority, with pension, as a former school teacher exemplifies, entertains notions of economic autonomy from their children:

"The school did the retirement ceremony very nicely. In that program they advised us that Whatever money you got till now it is because of your hard work! Don't handover all this money to your children, save some money for yourself also!"

These examples indicate a shift in value systems from collectivistic to one allowing more individual autonomy to elderly to decide on the context of aging. However, the latter solution is clearly a matter of choice for those with independent resources.

Subtheme 3.2. Self-reliance

Self-reliance concerns the ability to manage everyday personal duties. One should keep doing chores one still can manage to carry out:

"I do everything according to my capacity". (F 036) Keeping up with activities gives elderly self-confidence, despite of failing health: "now my health is like this... still I used to make chapatis within very short time."

Subtheme 3.3. Self-restraint

Disability to carry out tasks with failing health necessitates change. For those living alone with some economic resources, hiring a maid can be the solution:

"Now I cannot do sweeping and all so I hired a maid for sweeping and cleaning".

However, those elderly living alone who depend on the financial help of their children would not like to become a burden with all problems and want to manage themselves so much they can. As a 79 old man described, although he thinks it is important to inform his son if he gets ill and needs to go to a doctor, he wants to take rikshaw to the doctor by himself, not to burden him:

"I go alone. I take a rikshaw and go to the doctor. I will go there anyhow.... I do inform my son."

Elderly do not want to misuse the readiness of others to help. They ask help for those activities they really find necessary. An elderly single woman finds it easier to ask for help from her brothers with getting to doctors, or shopping groceries, or getting paid help with cooking and cleaning, than to ask help for going outside for exercise. As a result, this elderly woman gave up outdoor activities. Thus, self-restraint is expressed both as restraining from unnecessary help and/or by cutting down ambitions.

Self-restraint and humbleness is also rooted in this elderly's trust when they no longer can, manage care on their own and hand over the responsibility for good care of their needs to their children:

"What expectation should I have? ... Whom should I expect anything from? I am satisfied with whatever I have. My son takes care of all my needs, I am happy and satisfied with that".

Thus, self-restraint can be both seen as a precondition to being able to have a self-reliant, autonomous life, but also a collectivistic concern, to avoid unnecessary burden on others.

Subtheme 3.4. Withdrawal from social roles

Elderly also account on adjustments made in their engagement with family and society. This is explained with the changing capabilities, but also with the decline in demands placed on them.

"Up to the age of 70, I was thinking that my role is big. I have to do lot of things. But after 70, I was thinking that now I am not able to do that much of work and also expectations by others are also getting less".

They feel being "cut off" after retirement from work and their advice is not ask. This loss of role as adviser is seen also as the outcome of a generational gap between the ageing person's "old thoughts" and the thoughts and concerns of the younger generation.

Similar is the case within families, and elderly should accept not to be able to influence the decisions of the young and should be satisfied with being only asked, or not being asked at all:

"They [children] used to ask but take their own decisions (laughs). Means, still they ask, but that they would follow that strictly, that doesn't happen. That is natural thing ... Our opinion will be ... old thoughts. ... They may feel troublesome to follow our suggestions. If they ask us we should feel satisfaction in that only. We should not feel bad if they don't ask us about anything".

Relationships are changing. The elderly should not try to decide for the younger ones:

"They take their own decisions that's it."

As another elderly (71 years , Male) expressed, he feels respected for his adult children's way of leading their lives and do not expect to play a role in how they form their future:

"Now what can I do? It is their life, their future. They have to manage their responsibilities. I don't have any role to play."

Another way to respect the autonomy of their children is to appreciate their individual efforts to create the conditions for their adult life. Therefore, accepting that the adult children make their own decisions:

"They don't ask me anything. My son has done everything, I have not done anything. I have only given him education."

New mobilities contribute to shape expectations, like the case of an elderly woman whose both daughters settled in the US:

"Now the grandchildren up to their 5th year need our help. We can care for them as we want to. But after that, as they become older, they may not like the way we show our love to them or they may not need any of our help".

However, this seems to be a sensitive field, where feelings may be hurt if one's mindset is not attuned to the shifting relations between generations. As one elderly lady argues, one needs the right mindset not to feel rejected by children, spouses of children, grandchildren. Rather than having expectations, one is to wait for how the younger generation would like to be contacted, helped.:

"if you have your mind set properly then you can bear all the things.... we should not expect all such things from them so that we don't feel bad or embarrassed. With anyone for that matter may be your grandchildren, daughters, daughters-in-law, son-in-law etc".

Letting children come to elderly allows a transformation of the relation between the generations from one of expectations to one of friendship:

"if they need any help then they themselves can come to us. ... there should be no more expectations. ... When my grandchildren were small I was loving them like children but now they are like friends for me".

Withdrawing from expectations of being in charge of or being the expert on others' lives is a form of self-restraint, that has also collectivistic connotations, handing over the guardianship of life to the younger generation. This notion is both present in the transition from *grahastha* (householder) to *vanaprastha* (hermit) according to the Indian system of *ashrama* (Ranade 1982; Van Willigen et al 1995) and can be seen as a value system well fit to the individualistic perceptions of intergenerational solidarity practiced in mobile Western cultures.

Subtheme 3.5. Charity as part of aging:

Several elderlies accounted about a life-changer experience. The managers and volunteers interviewed at the elderly care organizations, expressed that after a long life in service, post- retirement, they decided to dedicate their life to help others on a voluntary basis. Many of the elderly in this study showed great personal dedication to help others even after declining capacities as the example of a 74-year-old woman illustrates. She used to spend time with a friend who is engaged in social work.

While spending time with the friend she helps this friend with her social work activities. Therefore, the boundaries between care for others and leisure are permeable:

"After I am much more interested in sewing, knitting and embroidery work. One of my retired neighbors also is interested in that. So, we together do such kind of work. She is used to do social work. For those people she used to stitch something so I used to help her for that or I also participate in that social work ... for my friend".

Elderly people continue being helpers themselves. They contribute in diverse ways to assist those in need:

"Also, I had one project in the blind school. There I was used to go as reader for those students. One of my retired friends who was working in LIC. She was used to go in blind school as a reader for girls. She did everything for them and those both girls had done PhD".

This dedication, might even become larger than a dedication to one's own family and might even clash with demands on a person by one's family:

"She didn't even go for her own daughter's child birth(in a foreign country), for those blind sisters. She was saying the child birth would be taken place anyhow but these sisters Ph.D. is important now. So, that much dedication she had. "

Subtheme 3.6. A life of compassion

However, restraint from social role of authority does not mean an overall social retrieve. There is strong sentiment of compassion for other people in most of the interviews. This comes to expression in a generalized personal engagement with people one encounters:

"...everyone is close to me, there is no such single person.... Anyone who is in relation with me that person is close to me."

Some find a life of love and compassion for other people to be according to God's liking:

"People should live with love, speak with love and spread love. What else do you have to do in life. We may earn lot of money but everything is going to be left back here. If I talk to you with love and respect then only you will speak to me with love. We need to spend our lives doing good deeds. God is watching us. God only supports those people who do good".

Helping others is an act of compassion elderly, learn to exercise in their everyday relations. Being helpful and compassionate with others is seen not purely caring for others, but also as a necessary skill for self-maintenance:

"Here also one of the neighbor's grandsons. He used to come to my house to play. Most of his toys are kept here. Every day he used to come and play here. I really feel that he is my own grandson only.... [it is] my need. ... I learnt that art. I did that for myself not for others".

Thus, a life lived with compassion is both pleasing God and is self-fulfilling.

Subtheme 3.7. Balanced and generalized reciprocity

This readiness to give and take help appears to be a key foundation for trust in society, which the statement *"How we live the life we get the same treatment"* illustrates well. In a most elementary level reciprocity is exercised between two partners and is based on the exchange of services over time. If one can expect help in turn equivalent to the help one gives can be termed as balanced reciprocity.

As the example of an elderly's (71 years, Male) statement indicates, daughters-in-laws traditionally play an important role in taking care of the elderly parents of their husbands. Some of the interviews show how elderly themselves contribute to lay grounds for a reciprocal helping relation with their daughters-in-law. Care by daughters-in-law is seen as part of reciprocal loving and caring interpersonal family relations:

"I treat my daughters-in-law as daughters only ...I do anything for them whatever they like... So, they love me a lot."

When such reciprocity is embedded in the texture of society at large, we talk about generalized reciprocity, which does not assume that a person we help will be the one we receive to be helped by later. Generalized reciprocity is depicted as an organizing principle of society which serves as a moral, normative principle of human relations. It enriches the generalized trust in society that becomes a social asset for the elderly.

The compassion for others' needs is to make one ready to listen to the needs of others and to help others, irrespective of who the person in need is and despite one's own declining strengths:

"One should help that person who needs your help. You should have will to help others.... You should have ability to listen to others first. That may be your children, neighbors, friends or any other relatives. ... Now because of my old age I cannot do that much but still I try my best for that".

Meanwhile, we being helpful, makes the acceptance of help from others morally justified and a deed to appreciate:

"you should feel satisfied after getting a job done by others. Whoever helps you, you should respect the help you receive from that person".

In our study, the functioning of generalized trust for elderly's future safety is well reflected by an elderly woman, who accepts and trusts that people among her relations are going to make the best arrangements for her when she would come to a state where she might need more help:

".. there are many people in my relation, some help I will get. Whatever they (children) will do for me, I am ready to accept that either at their place or in the old age homes ... That will depend on them only and also there are many others who will also do something for that".

Thus, the interviewed elderly finds themselves in a transitory life stage. Right now, they do everything to remain active and live in a kind of flow of give and take. Nonetheless, living a caring/loving life embedded in a generalized trust in the caring/loving of those surrounding one ensures the elderly that other people living according to this caring/loving principle will make the best arrangements when one oneself no-longer can actively participate in the flow by themselves.

Subtheme 3.8. A life of love or disengagement?

Thus, the key elements of the values elderly expressed indicate a balancing act between individual goals and family priorities; between self-reliance, compassion and disengagement; self-restraint and generalized emotional closure. It indicates, that, although elderly reflect upon disengagement with life in elderly days, its meaning is associated with disengagement from authority claims and activities that are not seen as elementary functions. However, rather, than passivity, elderly wish a life of self-reliance and mutual helping relations filled with compassion. Thus, the norms and vital life goals expressed by elderly living alone concerning aging in the hermite phase is all but total withdrawal from a social life.

Theme 4. Institutions

Subtheme 4.1. The joint family system

Sub-subtheme 4.1.1 : Care for the elderly parent

Listening to the life-stories of elderly, family-based care for an elderly parent emerges as an ongoing flow of family traditions. The interviewed elderly account for the practices of their families from their childhood, continued to their own adulthood and care for their own parents. In this long flow of traditions, the primary responsibility lies on the adult sons to take care of their parents according to the best of their abilities. As one of the elderly man explains, his mother moved first together with him. A move that was when he started an own household and his wife initiated to invite the mother-in-law to move into their house:

"We lived together, and my wife said: 'it is not feasible for your mother to live alone'. ... [after that] my mother also used to live with us".

When his brother found himself in an even better economic situation, living on his own in a neighboring city, this brother initiated that the elderly mother moved to him instead:

"My younger brother said: 'I will stay alone. ... I will take care of my mother.' He joined a company in Pimpri-Chinchwad.... When, he joined the company in Pimpri-Chinchwad, he was earning more than me".

This kind of caring relation is repeated in his relation to his own son, now that he has become elderly himself and needing help. Although, he is not willing to move to his son, since he has a minimal pension of Rs. 1000/-, he is accepting diverse support, including financial that is allowing him to pay help with everyday chores:

"After that my milk man comes to deliver milk. I pay him monthly. ...By 8:30 am my maid comes who does the cooking.... After she finishes, the second maid comes for the cleaning.... My son takes care of my expenses. He puts money in my account. He manages everything. Even if I fall short of funds, he sends me money. He is very good".

His son also makes sure he has access to new ICT, such as mobile phones:

"I have simple phone. I do not know anything about android phone. My son bought me this phone. He ... activated it and gave it to me."

Seen from the daughter-in-law's perspective, the provision of care for the parents of their husbands meant giving up their own ambitions to work:

"He was working in the pharmaceutical company and he was saying that his mother had taken lot of efforts for him from his childhood up to his education got completed. Because his father expired when he was very small. So, he was saying that you would quit your employment and you should take care of my mother. So, I didn't do the service".

After the death of her husband, this elderly woman had to take up work again. Due to this she has now a pension. Her children live overseas. She visits them regularly and helps when her daughters are sick or need support with childcare. However, she would like to stay independent as long as she can:

"[My daughters] are both are citizens of [a foreign] country. They were saying that we will take green card for me also but I think that is not necessary at present at least. I will live here alone till the time".

She would, however, accept whatever solution the daughters would suggest after that, including moving to an old age home. Thus, changing life circumstance, first of all migration, taken for granted pattern of adult children providing the physical care.

While living alone assumes high degree of self-reliance of the elderly, care is extended when needed:

"Whenever I was not feeling well my children immediately come to meet me."

For the one, care for elderly emerges as a flow in one's life from being the one cared for as a child, through becoming the one caring for others to being cared for. For the other, care appears as a mutual act, something one is in the doing even when being the least resourceful. One sees life through the ability of giving care.

Sub-subtheme 4.1.2. Grandchildren

This perception of the flow of life as the ability of giving care is very profound in how elderly give account of their relation to their grandchildren:

"Attachment [with grandchildren] is there of course, I have lots of attachment with them(laughs) ... It is there because it is from beginning".

Thus, the elderly's care for grandchildren is mirrored by the care/love of a grandchild for the elderly.

Attachment grows out of love, it is a reciprocal act, assuming mutuality:

"My all grandchildren are very much attached to me. They are not that much attached to their maternal grandma because she doesn't show her love to them that much".

Having grandchildren gives elderly a calling in the family of their own children. Beyond attachment elderly gain meaning in life through spending time with the grandchildren. They see being with them a calling for life and a way to help their own children.

"I go to my daughter's place most of the times. At least for four to five days a week. ... I go in the morning and stay there for the day and return in the evening. Sometimes if it gets too late to leave I stay there overnight and come back in the morning".

Maintaining contact with grandchildren is important for even those elderly whose children moved abroad. Visiting a grandchild living in another continent gives satisfaction in the new transnational context of intergenerational relations.

"I went to Australia to my grandson. I like that place very much, its nature, flowers and everything. Their wild life is very nice. Means by going there I felt satisfied. There I have my grandson, great grandchildren so I can spend my time easily".

The lack of grandchildren has even been named as a reason not to move to the family of the adult son .

Sub-Subtheme 4.1.3. The extended family as a resource in care: Siblings and aunts, uncles and nieces

Not all people grow up in the ideal nuclear family and not all elderly manages to become old and have caring children and their families at hand to take care of them. The life-stories indicate that the kind of loving, caring responsibility between a child and parent is extended to other relatives. Extended family relations were especially important when parents to respondents passed away in their childhood. Siblings to parents are examples of relatives who took over the responsibility of the parents:

"My father expired in 1947 due to paralysis attack. At that time, I was 6 to 7 years old. I was living with my uncle [father's younger brother]. He took care of us like our parents would have".

The mother, lacking independent resources could not take care of them and had to leave them:

"My mother trusted him completely and left me with him."

Similarly, aunts or uncles without own children and family are taken care of by the younger relatives as they would take care of their own parents. It does not have to be the same uncle or aunt who has taken care of one when one was a child. That this is a kind of generalized obligation, rather than a personal obligation. However, being able to co-habit with relatives is also depending on the liking between relatives:

"My wife's uncle said, you are a good man, I will stay with you."

The case of 72 years elderly woman illustrates another type of supportive bonding within the same generation. Her father expired and mother fell very sick when they were very young. she was the eldest child and was expected to take care of her younger siblings. She got up early before school to take care of home chores. Even when she started to work, she supported together with her elder brother the family from her earnings. She did also the morning and daytime chores during lunch break from work. When she now is old herself, she is receiving financial help from a brother:

"This brother helped me a lot. If he had not lent me Rs. 40,000/- at that time for purchasing the flat then it was not possible for me to buy a flat. But he helped me and now I have my own flat".

Although she wants to manage health issues and chores as long as possible on her own, she calls her younger brother to help if something more serious is happening:

"Suppose if I am feeling scared or I am having gases then I have kept some homemade medicines like carom seeds and like that. I do myself something like that at home only. If there is anything serious problem then I used to call my younger brother then he immediately comes to help me".

Some elderly with good resources may stay in the same house with their siblings, yet in separate households. This opens for mutual help between the families of siblings, as well as mutual attachment and the possibility of care in case of sickness:

"Meals, ... I do it by myself. Some days back, when I was not feeling well, one of the brothers of mine used to get the meals for me from their house."

Subtheme 4.2. Informal networks of Neighbours and friends

Most of the interviewed elderly had extensive social networks. Some from school times, others from work. Some elderly join new associations, such as a nostalgia group with retired people that an single elderly joined. To have close emotional bonding with a friend opens for the possibility to share the troubles of everyday life. However, friendship is a complex relationship. Some of the elderly expressed difficulty to identify one specific friend with whom they have close emotional bonding. Some friends one can share most problems with. Still, a close friend might not necessarily be one with whom we fully agree with:

"There is no such close friend actually. My friend used to talk with me all the time. ...Most of the times I used to tell her. ... I can share my problems with her without any hesitation... She is close to me but not up to 100%... she is elder to me.....Though I don't like most of the things about her".

To be able to engage assumes that the other person is not self-centered and is open to hear the other:

"she is not engaged with her home and sansar but also used to chit chat more with others."

These bonds with friends and neighbors are important as a safety net in need:

"If there is any problem then naturally the neighbors will come. I have very close relation with all of them. My neighbors help me a lot so I don't have to worry about anything. Even if there is some (Taxes/Bills)payment to be done ... they can do it for me(when I am out of the country), whatever the amount it will be. So, neighbors are very close to me".

The interviewed elderly talk not only about receiving help but also about providing help. Thus, care is not a one-way process. Elderly exercise the same principles of being caring towards others as they can anticipate to receive from others. Giving love/care/attention helps elderly to experience a meaningfulness in their daily life.

"I also listen to other people's problems.... Many people have no one to listen to their problems. We can't reduce their problems or share or solve them, but they feel satisfied if at least they talk to someone about it.... This is not like counseling. I have not done any course on it. But I listen to them. They also like that I listen to them".

Some of the elderly maintain contact through the internet or through WhatsApp groups. These are also potential sources to get help:

"Some members of my whatsApp groups stay nearby, they would solve my difficulties within 15-20 minutes when they used to visit me on Sundays and also during our get together".

Similarly, the boundaries between different kinds of relationships, such as relations with friends and caring relations are also permeable:

"we used to meet once in a month. ... if anyone has some problem then we help each other in that. If we have to go to hospital then also we go and help the persons. And we give time for that".

Thus, giving time for helping friends as an integral part of being with friends, belonging to a circle, even if the initial reason to gather might be something very different, such as a reading circle.

Caring relations are embedded further into society at large. A kind of generalized reciprocity is embracing all members of society. Such caring gestures to strangers are also followed up by life-long entrusting relations:

"Once when I was coming from our native place to Bombay there was pregnant lady sitting beside me. She just told me that: "here is no one with me in hospital!", then I told her that you don't worry about that I will be there with you. So, when she delivered the baby I used to go to give her tiffin. Thus, now also she used to call me and ask about me".

Elderly may obtain support even from younger to them unknown people, as one example indicates:

"I used to go to Shivaji Park for a walk. ... I used to sit down on a bench to relax a bit There used to be young people around, so I ask them about my difficulties in operating WhatsApp and they used to explain to me. Those people would say: 'Grandma: You come back here tomorrow at the same time we will teach you how to use WhatsApp!'...So they taught me".

These are examples of how generalized reciprocity in society becomes an asset for elderly increasing their capability to live alone.

Subtheme 4.3. Formal networks

Sub-subtheme 4.3.1. Senior citizen's organisations

As earlier examples indicate elderly have multifaceted networks and engagement which breach over immediate, informal friendship-based collectivities to more institutionalized, organized collectivities. Some of these organizations are well-connected to regional, national and international donor activities. They might be receivers of private or governmental support. Beyond the important role for doing charity work elderly make use of such formal associations to obtain help:

"There are many organizations for senior citizens. There people teach how to use computers, internet, mobile or how to do net banking to the senior citizens. They used to ask me that why don't you come for such classes".

Others embrace the WHO active aging world view offering multifaceted social and cultural engagement for elderly.

Sub-sub-theme 4.3.2. Housing societies and neighborhood-based safety networks

Other formalized organizations might be more associated to private initiatives of a broader reach than just elderly. Nonetheless, the services offered can be essential for the elderlies' everyday life. Housing societies provide frameworks for collective organizing of services as well as collaboration between neighbors. Boundaries between housing, friendship and care become permeable. Such arrangements heighten the feeling of safety and mutual trust. Collective purchase of food is one example:

"We are near about 40 members of that. We all keep the calculation, put the money in the bank one by one.... We used to take the requirements of all the members once in a month. That list we used to submit in the main office and on a fixed date we get all those things. Thereafter, we collect all the items and separate them all as per the list. Also there is security guard who is used to help us to take that grocery up to our room and we pay to him for that purpose."

Elderly man also feels safe living in a housing society. Safety arises both from the organized housing society committee and from having a friend living in the flat below.

"... yes, I feel safe here. We have society committee, we have security. I have a friend who lives in the flat below"

Housing society-based neighbor networks also give inspiration and help to learn new things:

"There is one neighbour who is also senior citizen he and his wife both used to teach me about these new technologies"

Subtheme 4.4. Getting paid help with chore

Most middle class educated families of better living standard have some kind of help with cleaning. These maids can be found even in working age families. Most common has been to get help with cleaning, sweeping, washing and cooking, not seldom different persons performing different duties. Relations are of paternalistic type, forming life-long attachment, where work became a necessity for maids despite of old age:

"After 32 years I told her to stay at home She was not ready to leave. She was saying even if you don't pay then also I will come and work for you. She used to do all the work slowly; but afterwards she was not able to do all the work because of old age".

To obtain a maid that one can trust is very important. Trust seems more important than the maid being diligent at her work. Trust is built through reciprocal relations of good will:

"Now another girl comes to do work, she is also nice but I have to do supervision. Now-a-days it is difficult to get a maid But it is said, if you are good, then whole world is good to you (laughs). Means I can believe her. Whenever I go outside the station then also I can keep the keys of the house with her".

One elderly woman complains that it is difficult to find proper maids to help with the daily chores, an issue that can cause problem with increasing need of help:

"It is little difficult ... these days. We find no good servants... who can do all the work in the house for me. I have one maid ... she is only for washing the clothes and utensils ... but I do not get one who will work and make my meals and other things also.... It has become a problem for me now a days".

Relations with maids are personal and they are referred to as family like. They involve participating in private life events of maids, such as wedding, giving presents:

"She has been working for me for almost 11-12 years. She is like my daughter. She is very nice. I had gone for her daughter's marriage. I also give her money to buy saree and gifts for her daughter".

Hiring paid help is also an issue of financial considerations for those in the middle class. Hourly payment for cooking and cleaning is seen more justified than for helping with walking or exercise:

"if I have to go outside for 2 hours only ... To clean the house for 2-3 hours in 500 rupees is okay but to pay 500 rupees to someone to be with me while I am outside the home... I don't want to do that. And I have friends who helps me".

4.5. Moving to Old Age Home : obligation /alternative shelter Old age homes

Shifting to an old age home is the outcome of various factors achieved out of the interview of the elderly living in old age homes. Old age home is the place where the elderly need to receive love, respect and dignity. A homely and respectable living environment is maintained in almost all the old age homes as they are in strong need of support and they consider the old age home as a safe substitute to home. An elderly couple residence in old age home mentions that:

"We only had taken decision to come here because we have weak eye sight.. everyone else is busy with their jobs..... My other siblings were engaged with their jobs.... who else would come to live with us. So we decided to come and stay here.and sometimes the condition was like that there was no one available to help in case of need So, we both thought and decided to come here".

Elderly of various age face multiple challenges whether at home or at institutions for elderly. In one of the interviews the participant expressed her progressively diminishing physical capacity and inability to meet even the basic needs where facilities are not appropriately designed for elder's use at home.

" for me it is difficult to climb the stairs. I don't go anywhere. I cannot sit down easily. Here is western toilet but at our home there is Indian toilet. All the relatives are having Indian toilets....."

Old age homes are considered to be HARMLESS, safe and secure place for the elderly. Older adults are soft target for Various types of abuses. Some of the Elderly do not wish to stay in separate accommodation on rent as they are anxious of being subjected to violence like cheating, robbery and even killing. Often they are worried that they may be subjected to mental abuse, deception or burglary. Thus, they find old age home as a protected and nonaggressive place. one of the resident added that,

"There is nothing to fear. No one can come from outside. here there is watchman. No one comes without permission. Here there is no robbery, nothing. There is nothing to fear here".

4.6. Government support

Although in the sample of elderly there were several with government pensions, there has been a general lack of trust that the government can deliver good support for elderly. Among the main issues raised the most important was that government resources do not reach those who most need it, such as poor people living in isolation and the illiterate. This is associated with partly the poor accessibility of information to the needy. Lack of reach-out is attributed to the malfunctioning of governmental offices.

This is either due to officers, who do not let the poor know about their rights:

“the person who is giving the tickets don’t even ask the age, but gives them full ticket”

or an effect of bureaucratic procedures, i.e.

“people misusing the resources in between...50% of the money is taken by the in between people”.

Systemic failures, such as the complex bureaucratic procedures contribute to the fact that the neediest lack knowhow how to proceed.

Elderly would like to see that government resources are support to those who are the most needy ones: that

“government schemes should be directly applicable for the people otherwise there is no use of that schemes.”

Concerning their own needs elderly do not have expectations from the state. Elderly are satisfied with their family being the final resort of their needs.

Analysis of Study II: Care provider’s perspective of active ageing based on qualitative vignette study

Study two is a qualitative vignette study. Two sets of vignettes have been developed on the basis of the interviews done on the first phase. The first set consisted of three(3) vignettes based on interviews of 40 older adults living in different family set up and Second set of four(4) vignettes developed from 40 older adults residing in the old age homes. Each vignette was developed on the life course of older adults. The vignettes were developed in English language initially and later translated in Hindi and Marathi language. Vignette based Ten (10) open ended questions were used to obtain the views of the health care providers regarding their perception of good life, assessment of older adult’s need, scope of professional intervention, seeking help of external agency and exercising professional intervention.

Responses were obtained from formal and informal caregivers those were caring for the older adults in the old age homes or in the community. The group of respondents included Nurses, social workers and geriatric care givers. The samples were identified using snow ball sampling technique. A total of twenty one samples were approached and responses obtained from nineteen of them. Discourse analysis is done to understand the complex phenomena from the reality on the ground of communication to the inner systems of power that constructed what is true of care regarding older adults.

The responses were translated in English and organized in the excel Sheet as per the questions. Examined individual statement. Scrutinized each segment and frames of communication and then interpreted them. Thereafter coded the data. 2 cycles of coding were done that resulted in primary and secondary codes. Then codes were refined and categories came up after multiple readings and reexamination of the coded responses. Then themes were developed.

Care providers strongly recommended value of companionship for active ageing. Their perceptions regarding the circumstances as described in the vignettes amalgamated with their professional experiences suggested the diverse needs of the older individual. Direct care givers of the older adults play vital role in encouraging and facilitating active ageing.

Findings from the combined expressions of the care providers revealed that, Goals of every individual is unique. Some older adults give importance to remain healthy till death and they believe to have physical capability intact that would help to maintain independence and gaining confidence. Whereas for others it may be important to remain updated with recent advances or for another person it may be important to remain spiritually inclined.

The care providers were concerned with identifying the needs for companionship, need based support and facilitating engagement through various means that would enhance the will power and boost positivity in the older adults. They feel happy keeping themselves engaged in companionship of other older adults and enjoy making new friends. They expressed that the older adults should be engaged in various activities as per their capabilities and intellectual abilities. They need to be helped in health maintenance and health monitoring activities. For boosting positivity an environment supported by team work and effective communication is the primary need.

Older adults living in the old age home, like to remain connected to their family. They need help to remain connected to their family, friend or close ones. They might feel secured when accompanied by someone while going to the Bank or visiting a doctor. Some may require assistance in managing their investments. Family support is very important to lead a good life.

The older adults usually accept change in health status as per the disease condition and adjust with their lifestyle, daily routines, hobbies accordingly. Certain unmet needs require professional intervention. The older adults should be dealt with sympathy. Those with physical limitations need regular counseling in order to develop a positive outlook towards life. They should have regular visit to the doctor for better health. Older adults those who need financial help and with physical limitations they need to be supported with counselling and medical help. They expressed that they needed community and organizational support in order to do any good job for the elderly.

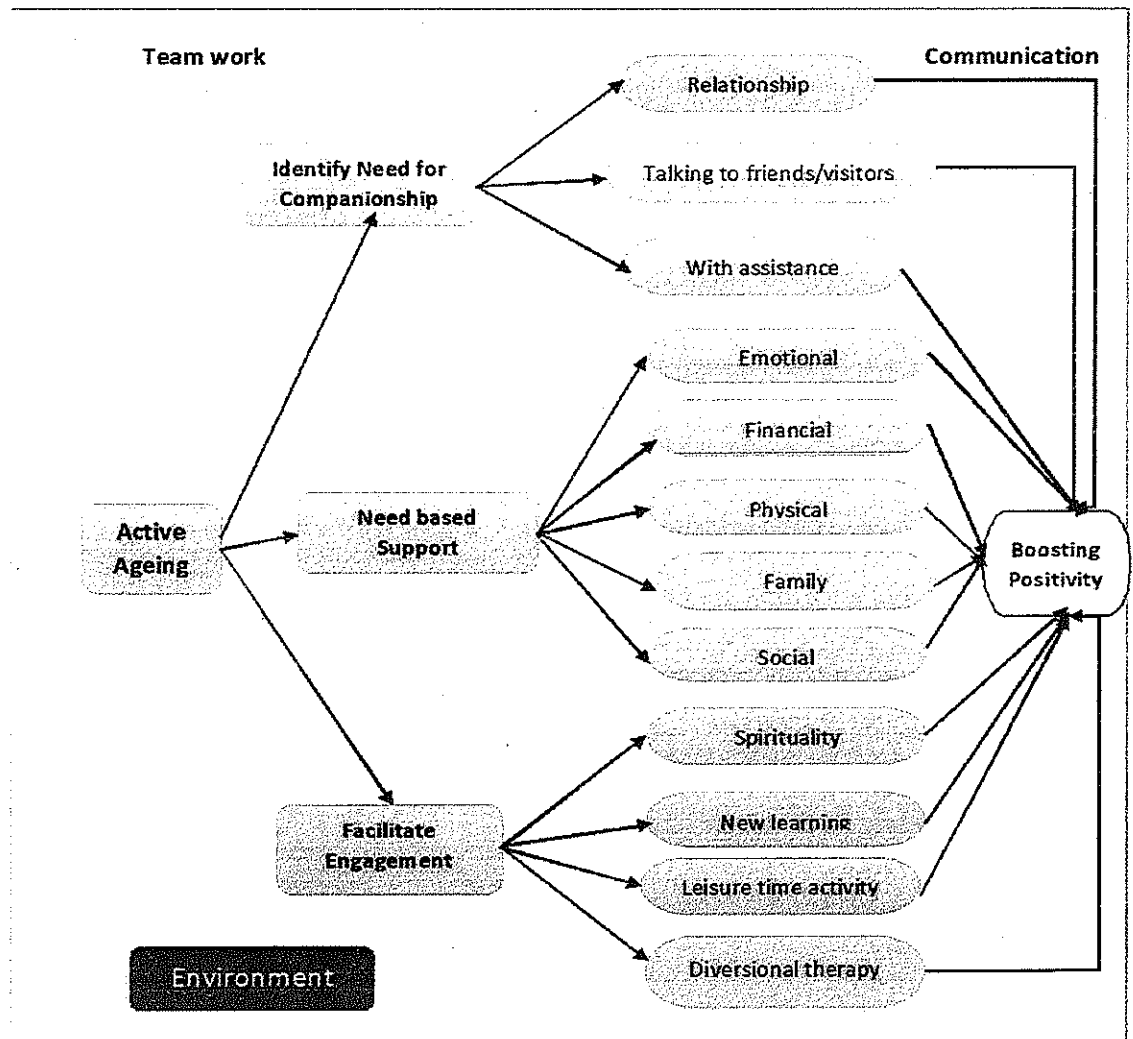


Fig.2. Care Provider's Perspective of . Active Ageing

To help the elderly gaining confidence it is very important to maintain a congenial environment at the old age home that will help them to gain confidence that in turn will boost their moral. One need to develop a trusting relationship with the elderly through effective communication.

The care givers were concerned and gave importance listening to the older adults in sharing their experiences, achievements in life and views towards life, they were concerned about their likings and dislikings, valued their understandings and opinions and displayed serenity in their behaviour while providing physical care to them.

They should be motivated to perform activities of daily living as long as possible that may enhance their will power. Care provider expressed that, it is essential to assess the mind frame of older adults while approaching them and act accordingly to make them happy and feel satisfied.

Analysis of Study 3: Staff members in leadership positions (Delphi study) to develop a culture sensitive care model:

Purposive sampling technique was adopted. The panelists were enlisted based on their involvement in care of older adults. All members of the Panel were holding the key position of administration and were involved in developing as well as implementing policies well-thought-out for the organization. The group of panelists were interdisciplinary.

The panel consisted of 8 females and 16 males and their role included local leaders, administrators and managers of old age homes, heads of associations of senior citizens.

Panelists: Most of the panelists were chosen based on their professional experience, involvement as administrators and managers of old age homes,. Thus, the panel consisted of experts of cognitive diversity in order to support the dialogue.

The panelists were recruited through collaboration between the organizations, some were approached through emails and few were through planned and face to face meeting with the organizational heads.

Information was presented to the panelist regarding the procedure of Delphi study and the panelists were expected to participate in all three rounds of data collection. Once the panelists agreed to participate, the first round of open-ended questions were handed over to them. Each round of enquiry had a deadline of 2 weeks with several reminders through telephone calls.

The focus of the Delphi study was on developing an applicable framework for promotion of active ageing. Three rounds of data collection were conducted. The first round was with nine qualitative open ended questions. The second round with statements based on the answers in round one.

In the third round with statement along with the information on how the panel has reasoned and positioned themselves in the previous round

2.2.1. Delphi round I : Open ended survey questions

For the first round 9 open ended questions were developed with the focus on expert's view point pertaining to active ageing, their perception on role of individual, family and society and government in promotion of active ageing.

Data obtained from round I was analyzed with thematic analysis based on Braun and Clarke. Three themes were identified.

Theme I (creating appropriate environment for promotion of active ageing) yielded 19 statements,

Theme II (Government responsibility for offering an environment in promoting active ageing) yielded 15 statements

Theme III (Role of other actors in promotion of active ageing) yielded 16 statements.

All together there were 50 statements. Within each theme the statements were reformulated into survey items with a 5-point Likert scale to be used in second round.

2.2.2 Delphi Round 2 & Round 3

In the second round the 50 statements were distributed to the panelists who were asked to evaluate their degree of agreement on a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The panelists were encouraged to comment on why they positioned themselves if they did, although few did. Results were analyzed with descriptive statistics.

Results of second round were compiled into one document specific for each panelist showing the mean value of agreement of the statements and the comments made by the other panelists and a reminder of where on the Likert scale they positioned themselves.

In the third and final round of the inquiry, the personal document was sent back to the panelists. They were asked to revise their position in light of the mean agreement and commentaries of other members of the panel.

Table 3. demographic profile of the participants in Delphi study

Panelist	Role	Gender	Age	Designation/job title
1.	Head of older Care Center	Male	46 years	Medical Director,
2.	Manager, Quality developed	Male	72 years	Government aided Old age home
3.	Social worker	Male	59 years	Member of Gram panchayat
4.	Treasurer, Senior citizen association	Male	72 years	Manages the finance
5.	Key member, organization of older adults	Male	77 years	Decision maker
6.	Manager, old age home	Female	49 years	Supervision and managing the welfare of older care centre
7.	Director of NGO	Male	75 years	Deals with Training for care givers of older adults
8.	Key member, NGO	Female	74 years	Social worker, speech therapist
9.	Director, Senior care centre	Male	71 years	Supervision and managing the welfare of older care centre
10.	Head, older care centre	Female	58 years	Director, assisted living facility
11.	Head, older care centre	Female	43 Years	Doctor, looks after physical care of sick elderly, Managing old age home
12.	Head, older care centre run by a church	Male	32 years	Manages palliative care to older adults and destitutes
13.	Head, older care centre	Female	47 years	Director, elderly dementia care centre
14.	Head, older care centre	Male	61 years	Managing home for elderly
15.	Manager, Older care centre	Male	39 years	Managing home for elderly
16.	Doctor, General Manager older care centre.	Male	47 years	General manager, assisted living management
17.	Research coordinator,	Female	29 years	Worked as trainer in mobile literacy training programme
18.	NGO for older care	Male	56 years	Manager, dementia care centre
19.	Social worker, attached to senior citizen care centre	Male	75 years	Addl. Accountant, senior citizen organization
20.	Director, old age home	Female	57 years	Administrator, senior citizen care centre
21.	Social worker, attached to old age home	Male	72 years	Manages later care centre
22.	Manager, old age home	Female	43 years	Manager assisted living facility
23.	Manager, senior citizen care centre	Male	67 years	Manages the overall wellbeing of the senior citizen
24.	Journalist (Retd.), Manager, old age home	Male	65 years	Manages

The panelists had the option to comment on their reasoning and was encouraged to do so if they deviated from the mean agreement. The threshold for consensus was set to 80 Percent (Based on Green et al 1999).

The third round was analyzed with descriptive statistics (Mean value of positioning) along with the qualitative comments provided by the informants in round 2 and round 3.

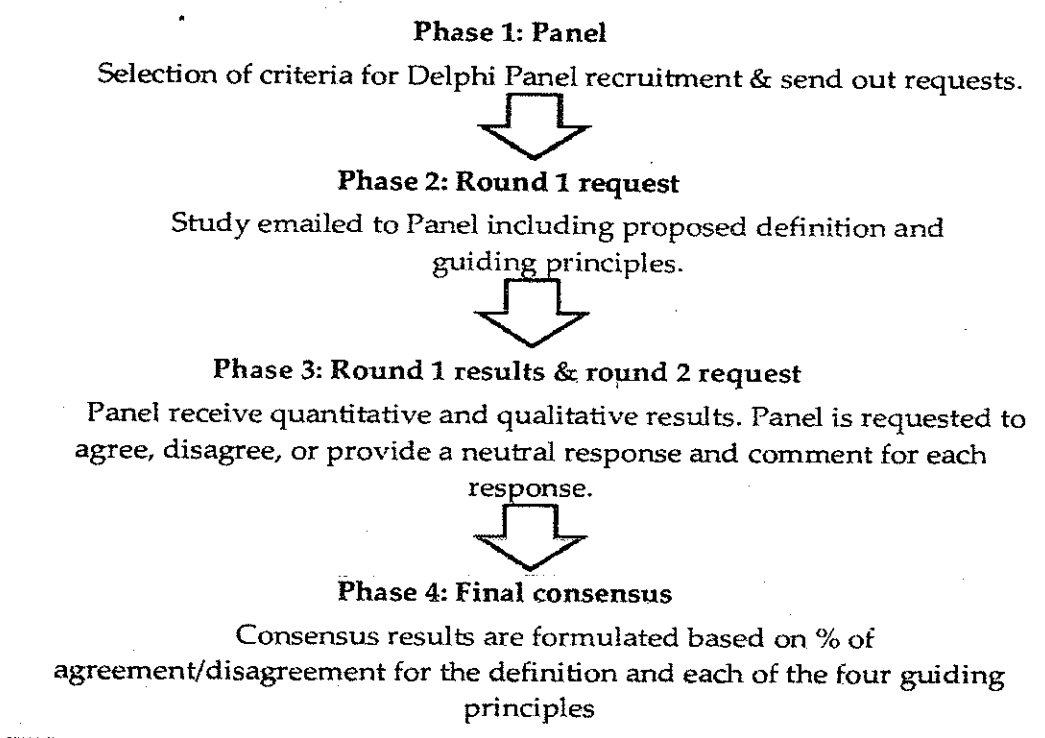


Figure 3: Flow chart showing steps followed in Delphi study

In total 34 statements out of initial 50 statements reached consensus (more than 80 percent agreement) as shown in Table 5.

The 34 statements where the panelists found consensus is presented here along with elaborating commentaries. The statements have been themed into four key themes to describe the panelist's perception on promotion of active ageing. Four themes have been developed :

Theme 1. Individual preferences and family support influences promotion of active ageing

Theme 2. Using expert's knowledge for promotion of active ageing

a) expert's perception of active ageing b) expert's perception regarding culture sensitive care

Theme 3. Government role in the form of schemes and facilitations for promotion of active ageing.

Theme 4. The Role of other actors a) Role of NGO b) Role of youth

Table 4. The process of developing consensus.

Round	Panellists	Type of questions and information in the questionnaire	Analysis	Yield statements
1	26	9 Open-ended questions	Thematic analysis	50
2	24	50 statements. Likert-scale and comments	Descriptive analysis	
3	24	34 statements, written comments, level of consensus in round 2	Descriptive analysis	34

Promotion of active ageing depends on various modifiable and nonmodifiable factors. In a country like India, where cultural factors play important role, the concept of healthy ageing is difficult to understand and elucidate.

Ageing healthy means a feeling of complete wellbeing. Individuality and self-esteem are significant component in promotion of healthy ageing.

Respect and security are of importance in developing interpersonal relationship. Social connection is of importance for the older adults in order to maintain physical, mental and emotional health of the individual, which was opined to keep them at reduced risk of abuse.

Table 5. The advancing need for external information as complexity of care interventions increase.

	Input from individual on personal preferences required	Input from sources outside the individual required
Good ageing	7 statements (1, 2, 3, 7, 9, 12, 17)	0 statements
Active ageing	4 statements (10, 11, 18, 28)	3 statements (13, 14, 16)
Culturally sensitive active ageing	9 statements (4, 6, 8, 15, 20, 21, 23, 26, 27)	4 statements (5, 19, 22, 23, 29)

Theme 1. Individual preferences and Family support:

Meaning of active ageing :

Theme 1. Individual preferences and family support influences promotion of active ageing:

To access information on personal preferences an active communication and alert listening is very important to make them feel comfortable. Every older adult should identify his/her own liking and remain engaged in it.

Active ageing is remaining physically and mentally active so as to contribute to the development of society as well as self being. Older adults can not recognize their strength till 60 years due to their commitment towards family. Thus, it is important to identify Opportunities to socialize and explore possibility for maximum use of one’s ability to enhance social, psychological and physical wellbeing.

Empowering people to recognize their potentials is important to help them to build on their assets, protect their identity and promote wellbeing. Older adults should peruse their hobbies like singing, dancing, writing, writing poetry, learning a new language, learning a new art, being a member of an active group to have a better quality of life . This will make them feel happier and healthier that would contribute to mental satisfaction, social engagement and help to maintain intact physical mobility.

Involving older adults in various activities suitable to their competence is an important initiative to promote active ageing. It is important that, Government or private sector should give them opportunity to work so that both sectors can be benefitted by the experienced brains and skilled hands of older adults. One of the experts suggested to make amendment to the “age of retirement” till 70 years.

Theme 2. Using expert's knowledge for promotion of active ageing

a) expert's perception of active ageing

Active ageing is to remain independent. To help individual for maintaining independence, the individual strength and resources need to be recognized. Certain personal factors like attitude, perception and internal resources are related to the health and wellbeing of the individual.

One should have positive energy that will help to boost the morale of the individual. Active ageing helps individual to be self-reliant, pursuing hobby that keeps the older adult active physically and mentally and these are important domains of active ageing. Recognizing the hard work that each person has done in their life and their achievement, they should be treated with respect, encourage them and build their confidence. It includes helping each making attempts to help others living with dignity and may extend being involved in social activity.

In order to promote active ageing, one should be explained about what active ageing is, and then start working for that. One should feel healthy and secure to have a productive ageing life.

Individual may be empowered when they are in fifties to create a wish list so as to prepare for an old age.

b) expert's perception regarding culture sensitive care

Culturally sensitive care is care rendered to the individual according to their cultural practices but not involving the myths and bellieves. As Indian we are accustomed to live in multicultural society with reasonable understanding of variable religious, dietary and spiritual practices, respecting one's religious faith, style of wearing a dress etc. They should be given freedom to set their routine. Therefore, Sensitization of care givers is very important to provide culture sensitive care to the older adults. Care giver should have a open mind to cultural expressions.

Social activities should be organized for the empowerment of older adults. Implementation of managed services for the elderly (example: appointing a geriatric care team) at every municipality is important to promote active ageing.

In order to promote active ageing for those who have shifted late in life in special accommodation (Example: Old age home, older care centre, assisted living centre), it is reasonable that there is literature and music available which is associated with their background.

Theme 3. Government role in the form of schemes and facilitations for promotion of active ageing.

a) Government responsibility in promoting active ageing:

Government has initiated multifaceted programs that encompasses setting up separate ministry to look after elderly issues, National Policy for elderly, introducing various schemes for the elderly, National Help line for elderly, setting up and supporting old age homes, mobile medicare units and national online medical consultation platform. Government facilities do not reach to all who are in need. It is important to spread the information regarding various schemes for the older adults in groups so that it reaches to all. Older adults should be helped and supported to receive the government scheme. The elderly care facilities are encouraged to help the elderly for availing such schemes. NGOs may be involved to enable the elderly to get benefit of these arrangements schemes.

b) Capacity building for older care:

Government should focus on means to support and raise the capacity of health professionals in geriatric care. They should respect the elders, help them whenever needed and understand the language they talk. These may make the care giver feel empowered. We can arrange certification program for the care of elderly on behalf of QCI (said one of the panelists who had been a quality control officer and now administrator in a government aided old age home).

Gaining competency and awareness regarding care of older adults is key to promote active ageing. One need to support the care needs of older adults. Therefore, it is important that the care givers of older adults are adequately trained to take care of their clients. The training may include topics like age related policy, mechanism of ageing and ageing interventions.

c) Managing the migrated older adults:

According to the findings, when rural elderly migrates to the urban areas it takes a toll on their physical and mental health. Hence availability of appropriate services at the rural areas for the senior citizens might avoid such difficulties. Well equipped facility for the seniors at the primary health center will prevent migration of elderly. The level of involvement in activity, depends on personal choice. Moreover, Known environment, relatives and friends and access to public favours in active ageing. Government plays an important role in the community who have migrated late in life and having a culture where it is natural that the family takes care of the older adults.

When the job warrants migration of family members to a different locality government has to pitch in enabling good for elderly. Actually, it is necessary for the youngsters to migrate because they need to progress; at the same time it is also very important to take care of the elderly at home. Some NGOs are working in such issues. If the government applies certain rules and make it a mandate then both the migrated youngster and the older adult will be happy. In such cases, there should be seamless support system (eg. Pension, banking) for the elderly to continue getting the benefits wherever they are migrated.

d) Promoting Age friendly infrastructure:

Government is a body which has policies to showcase and a manpower to implement the decisions made at authority level. Government schemes for the welfare of the elderly needs to be reviewed periodically to maintain good health and protect the rights of the elderly. An age friendly infrastructure may be provided so that the seniors despite their physical limitation can come together and spend creative time with each other.

A good living arrangement is one of the most important element to enable active ageing. There should be establishment of old age homes with facilities appropriate to meet the needs of older adults and to ensure healthy environment maintaining clean surrounding. Thus, a Safe living place like flats with safe lift, stairs, anti-skid floor can be made mandatory while establishing the older care centers.

There should be opportunities for socialization and providing a platform to come together where the elderly themselves can organize and participate in activities that they enjoy would be helpful. There should be some common areas where they can share their feelings with like minded similar age group people.

There should be a separate platform to plan about active ageing concept. Successful implementation of active ageing require adequate funds, an appropriate policy framework and, above all an effective delivery mechanism. To this end, it is necessary to involve the local government in such programmes. Role of local government should be clearly specified regarding care of older adults. It requires a cumulative effort, being resourceful, and having a strong hold on getting the right plan help the older adults in getting their rights.

It is significant that there should be some programme which would prepare individual for managing their old age. Individual may be empowered when they are in fifties to create a wish list so as to prepare for an old age.

Documenting information regarding all the older adults in a particular strata and planning an outline for them for supporting them getting some pension or some scheme will be meaningful to the older adults belonging to underprivileged section.

It is also important to Gather information of the elderly at the local level and passing the information to the senior citizen Cell in the State Government in order to keep track of the course of action. There should be a team to monitor whether the facilities provided by central government is reaching to the appropriate individual or not.

Theme 4. The Role of other actors

a) Role of Nongovernmental Organizations

In a country like India, the role of the government to the extent of setting up good facilities/homes for the elderly will be limited due to multiple issues. The onus thus shifts on others than Government organisation to take the lead. By setting up good facilities for different strata & affordability, the society can cater to the need of the elderly including free services to those who can not pay. Grants from government for such people would help. Instead of government if such organizations support seniors and help them in active ageing then many seniors will be able to live well and if government supports such organizations then the picture will be changed for sure. Those NGOs working sincerely and in an excellent manner

must be supported to work in their own ways. Therefore, NGOs working for welfare of older adults need to be supported by Government. This has been agreed by all the panelists.

Senior citizens' organizations are truly kind of a blessing for the community dwelling older adults, especially for those who are young old, fit and fine and willing to work for the society at large. These organizations provide a platform for seniors to come together and stay active by participating in entertainment activities. Most of the seniors keep themselves engaged by doing voluntary work through such organizations. There were schemes by an authority of such organizations called ASCOP, where many senior volunteers used to send tiffin for those who were living alone, or used to sit in the hospital helping the patient and his/her relatives to take breaks in between. A few of them provided healthcare equipment like patient bed/walking stick/commode/walker in affordable prices on a rental basis. This is all part of being active and helping others be active. entrepreneurs must provide financial support to the organizations working for the elderly.

The senior citizens organizations/associations may be involved in ideation, planning, execution, implementation, resources, monitoring and evaluation of schemes, policy and programme. Organizations like Rotary or Lion's club are a powerful lobby and they possess fund for the betterment of the society and their help is really needed especially for dependent older adults. It is important that NGOs dealing with elderly issues & working for welfare of older adults should come up with their views and ideas so that a much better community can be developed. Panellists expressed agreed to this statement also.

There should be networking among the Organisations those are working for the wellbeing of senior citizens and together they should form a rule book for the old age homes. There should be single platform to provide complementary facilities for the elderly and this can be possible by cooperating with each other. The aim is to provide necessary assistance to the elderly.

b) Role of youth in promotion of active ageing:

Youth perspectives are important determinants of active ageing. Creating a strong intergenerational relationship, they prevent older adult from left behind. They should listen to the older adults patiently. This will strengthen the emotional relationship and meet the

emotional needs of the older adult. Developing connections between two generations give a better sense of satisfaction to the older adults and strengthens the bond. In joint families, the younger ones are the helping hands for the older adults. They provide services to the older adults by accompanying them in bank and assisting in bank related activities, visiting the doctor during follow up care or routine checkup, going to temple or pilgrimage.

The younger generation can contribute immensely for promotion of active ageing through such small actions. An elderly is an asset to the younger generation because of the life experiences they have. The young mind is innovative. Their talent may be channelized in supporting the older adults keeping them engaged in creative activity. This may provide opportunity for both to learn new skills. Younger adults can involve the older adults in their startups with innovative ideas to keep them active and occupied. They can encourage the seniors to participate in their endeavors, take their expert opinion and utilise their experience. Thus, bi-directional engagement and learning opportunities will bring positive exchange in both that will be mutually beneficial.

The schools should have curriculum on elderly care for the younger ones and there should be counselling centres for the older adults. Their association may improve the intergenerational environment.

Use of technology plays an important role in staying independent and connected, but its use varies among older adults. Some are less inclined to use them whereas some feel intimidated to use technology especially if they've never used the internet or even a smartphone before. But these days Technology is integrated into almost every surface of our lives. They should be assisted to learn using technology in order to promote active ageing. Elders take time to learn the technology. In order to promote active ageing, the youngsters should help the elders to get acquainted with newer technology and assist them to be independent in online activities. Younger ones can take initiative in teaching new technology to the older grand parents in an easy manner and this will give them confidence to use it further.

Table 6. The 34 Statements found consensus among panellist

Statements	Consensus	Percentage
1.	It is important to tailor elderly's need according to their preferences and treat them well so that they feel comfortable	95.83
2.	Offering initiative to promote active ageing not only involve physical activities but aims also to create stimulating social interaction.	100.00
3.	It is important to follow a daily routine in order to promote active ageing	87.50
4.	For individualised initiative to promote active ageing, the generational perspective should be considered (like time-typical food or time typical expressions) that facilitate social interaction..	87.50
5.	Individualised initiative to promote active ageing it is important to know the personal driving forces of the older adults	87.50
6.	Giving older adults opportunity to work as per their preferences is an initiative for promotion of active ageing	100.00
7.	Involving older adults in various activities suitable to their competence is an important initiative to promote active ageing	95.83
8.	In order to promote active ageing, family support is important for physical and emotional health of individual	95.83
9.	Family members needs to be sensitized to the needs of older adults	91.67
10.	In order to promote active ageing, the family members should value the different roles of older adults involving them in important decision making which would help them to keep high moral.	95.83
11.	Involving younger ones with the older adult will encourage positive exchange between the two generations	95.83
12.	Younger adults can involve the older adults in their start-ups with innovative ideas to keep them active and occupied	91.67
13.	In order to promote active ageing, the youngsters should help the elders to get acquainted with newer technology and assist them to be independent in online activities.	100.00
14.	Visit by Grandchildren would strengthen the intergenerational bonding and promote active ageing.	87.50
15.	Records of all elderly should be available at the office of local government (Panchayet or municipality ward office).	95.83
16.	In order to promote active ageing government bodies, need to device a program and review periodically.	83.33
17.	It is significant that there should be some programme which would prepare individual for managing their old age (Proactive planning).	91.67
18.	The care givers should be trained and sensitized in order to promote active ageing for the older adults	95.83

19.	Capacity building is the most important component to provide affordable and accessible care to the elderly.	87.50
20.	Government schemes for the welfare of the elderly needs to be reviewed periodically to maintain good health and protect their rights.	95.83
21.	Well-equipped facility for senior citizen at primary health centre will prevent migration of elderly	87.50
22.	There should be Seamless (unified) support system (e.g., Pension, banking) for the elderly to continue getting the benefits wherever they are migrated.	83.33
23.	It is important that the elderly should be helped and supported to receive the government schemes.	100.00
24.	If the local government provide premises for elderly (example: elderly's meeting point) where they can come regularly, make new friends, meet people of similar mentality to carry out activities they like or pursue hobbies that would promote active ageing.	87.50
25.	Encourage and support the elderly to utilise facilities provided by government. (Example: Rashtriya Vayoshri Yojana)	83.33
26.	A strategic plan may be developed to execute active ageing.	87.50
27.	It is important to take balanced diet and follow healthy eating habit	91.67
28.	Staff and officials need to have an open mind to cultural expressions in order to make culturally adapted care to the elderly.	95.83
29.	In order to promote active ageing to the people who have shifted late in life in special accommodation (Example: Old age home, older care centre, assisted living centre), it is reasonable that there is literature and music available which is associated with their background	87.50
30.	NGOs working for welfare of older adults need to be supported by Government	100.00
31.	NGOs dealing with elderly issues & working for welfare of older adults should come up with their views and ideas so that a much better community can be developed.	100.00
32.	Implementation of managed services for the elderly (example: appointing a geriatric care team) at every municipality is important to promote active ageing.	95.83
33.	It is beneficial for social interaction of the elderly living in old age homes who are migrated from other states if the organizations coordinate and arrange a place so that older people have access to the ones who speak their mother tongue.	87.50
34.	Organizations those working for the welfare of older adults should form a rule body	87.50

12. A summary sheet of not more than two pages under following heads (Title, Introduction, Rationale, Objectives, Methodology, Results, Translational Potential):

Title: Multi-cultural aspects of active ageing: a cooperative study between Sweden and India

Introduction: WHO has declared this decade 2021-2031 as a Healthy Ageing decade to create awareness and implement the relevant policies to promote the active Ageing phenomenon among the older adults across nations. Different perceptions of active ageing hard to implement as a general model.

Rationale: There is a limited body of knowledge on what it entails for older people to maintain health and independence, have the possibility to live under safe conditions, and live an active and meaningful life (Hornby-Turner *et al.*, Reference Hornby-Turner, Peel and Hubbard²⁰¹⁷).

Objective:

1. To understand the perception of active ageing among older adults
2. To identify the services required by these older adults concerning active ageing.
3. To explore care provider's perceptions of active ageing and services by incorporating the above findings using vignette technique summarizing elderly's views.
4. To develop a culture-sensitive care model for elderly with the help of Delphi technique in the two economically diverse countries.

Methodology:

The characteristic of this research project lies in the types of methodologies used over a period of time to yield results from different stakeholders to get a clear picture of the ageing scenario among the older adults in India.

The first study among the old age home residents in Pune City included qualitative indepth interviews of the senior residents and their concept of active Ageing, their perception about the independence and confidence and how they stay fit physically and mentally.

This work has been put forth in the form of paper and currently in the process of submission in the relevant peer reviewed journal.

This study gave a base to the objective how seniors think about active Ageing, how they perceive this concept while living in the institutes and while living in the community with their family around.

Another important stakeholder in the ageing domain is a Caregiver. These are the individuals spending maximum time with their aged companions. Second study under this project was conducted as a Vignette study to understand views of the formal caregivers providing care to the seniors-help in daily routine as well as they were supporting seniors mentally.

Vignette study helped caregivers understand various scenario in the caregiving theme and we recorded their responses and compiled to see if they are in tune with the needs of the seniors, is there any gap between what seniors need and what they are providing. Is there any burden caregiver faces and that need to be taken care by the other stake holders like old age home managers or family members. The analysis phase for this study revealed that a congenial environment is essential to help the elderly gaining confidence and independence which is essential for promotion of active ageing. This requires organizational support and cooperation.

The last and the most interesting part was of the Delphi study. Delphi study is given an utmost importance in terms of the validity of the results because, a panel of experts go through the questions and give their opinions about the compiled questions and at the researcher end we receive their views which have come through a vast experience and wisdom.

The objective of the Delphi study was to study the factors supporting active ageing for the older adults in the institute as well as those who are living in the community.

The results have generated three themes and that has captured a major portion of the recommendations section.

Active ageing depends on variety of interlaced factors those contribute to the wellbeing of the elderly individual. This is the collective responsibility of enabled and awakened society.

8. Contributions made towards increasing the state of knowledge in the subject.

- i) The research has contributed to the academic field of elder care by expanding the current definition of active ageing to more multicultural one. This has also contributed to the practical field of older care by producing knowledge about how multicultural factors among older persons affect their perception of active ageing and how these perceptions corresponds to good aging .
- ii) Findings of the study are of significance to the care providers who work close to the older person at more individual level.
- iii) Findings of the study may be incorporated in developing curriculum for gerontological nursing
- iv) findings of the study may contribute in developing a training module for the caregivers of older adults.
- v) From the three different study designs, capturing a holistic view of the ageing in place in India, we sincerely feel the need of such studies to generate the data base for the Indian ageing scenario.

10. Conclusions summarizing the achievements and indication of scope for future work.

Needs of elderly are very few but special. We recommend based on the results of the present study that, the government should create opportunities for the older adults to earn on their own for retired older persons, so that they can be involved in various social developmental activities with capacities like guidance, supervision and monitoring. Such provisions will also strengthen social security of the ever-increasing population of older persons.

Financial literacy regarding small scale saving may be a way to help low- and middle-income group people to gain security in old age to certain extent. They should be helped to live with dignity and independence.

Opportunity for skill development for the older individual should be created depending upon their skills and capability. Creating awareness regarding pension schemes or investments in private/non-government funds may help older adults to keep their financial share safe and sound.

For most of the older adults living in the community, family is the main source of care and support. Whereas in most of the families the care givers are not trained adequately to meet the special needs of the elderly. Government should focus on means to support and train the caregivers to gain confidence in caring their clients.

Older adults need to be supported and encouraged by health care professionals. Most of the primary care centers are busy where the staff lack time and resources to support all the needs of the older adults and in some instances, they lack knowledge and skill to meet their special needs. Therefore, it is important to improve the competency of the care giver as well as motivate them for promotion of active ageing in the community through positive outlook towards ageing.

Promotion of active ageing may be possible with cooperation from community network. Laws and policies cannot teach us family values and respect for elders. Thus, parents have a major role to play toward fostering respect for elders at a tender age. Care giving is a demanding role and the task of care givers of older adults are dynamic in nature. Therefore, cooperation from every aspect is essential for successful implementation of any model of care.

11.Science and Technology benefits accrued:

a. List of research publications with complete details:

1. L.-K. Asztalos Morell, I., De, S., Mahadalkar,P., Johansson, C & Gustafsson, L.-K.(2020). Silence or Voice? Agency Freedom Among Elderly Women Living in Extended Families in Urban India. *International journal of environmental research and public health*. 2020, 17(23), 8779; <https://doi.org/10.3390/ijerph17238779>
2. Gustafsson, L.-K. Asztalos Morell, I., Johansson, C., & De, S. (2022). Informal caregiving from the perspectives of older people living alone in India. *International Journal of Older People Nursing, 00*, e12468. <https://doi.org/10.1111/opn.12468>
3. Ildikó Asztalos Morell, Santa De, Carl Johansson & Lena-Karin Gustafsson (2023): Middle-class older adults living alone in urban india: Older adults' understandings of ageing alone, *Journal of Religion, Spirituality & Aging*. <http://doi.org/10.1080/15528030.2022.2164395>

Submitted article titled as "Concept of Independence and Confidence among widows in the old age homes, Pune, India" in the *Journal of Women & Ageing* for publication in the journal. Received suggestions for modification and resubmission.

Following two articles are in pipeline for publication:

1. Societal role in supporting and caring for older adults in context of active ageing : A vignette study.
2. Stakeholders views in promoting active ageing - : A Delphi study

Abstract (300 words for possible publication in ICMR Bulletin).

An international collaborative study was carried out to explore the older adult's diverse identities and conditions regarding their perception of active ageing, the kind of interventions desired and the extent to which the interventions provided by the caregiver reflect their desirous care; finally, to develop a model based on reflexive reasoning of care providers incorporating elderly's perception for designing intervention sensitive to their desires.

The study was conducted in three phases. The first phase was done using phenomenographic approach on the data collected from older adults residing with the family and in old age homes, the second phase was a qualitative Vignette study based on the data obtained from formal and informal caregivers (Nurses, social workers, geriatric care takers) & the third and final phase of the study was a Delphi study where experts in the ageing domain were approached.

Findings helped to elicit the determinants of active ageing. Personal preferences and individual choices to undergo active ageing as a process; dedication and empathy of caregivers and health professionals while caring for the elderly. Interventions at family level and old age care centers play an important role in promotion of active ageing. Other determinants include financial stability and physical fitness, launching government schemes and implementation of such schemes by NGOs. We recommend promotion of active aging by self-motivation and efforts to keep oneself fit, respecting the elders and value their presence in the family. Additionally, we should provide culture sensitive care to the migrated elderly who have shifted late in life across localities. From three different

study designs, capturing a holistic view of ageing in place in India, there is a need to conduct more research studies to generate a database for the Indian ageing scenario.

Name and signature with date

1. Santade
(Principal Investigator)

2. _____
(Co-Investigator)

Santa De
Principal Investigator
Active Ageing Project of ICMR