

ACTIVE AGEING THROUGH VOLUNTEERISM: A REVIEW

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Abstract

This article focuses on exploring the nature of volunteerism amongst the elderly in India and its implications for successful ageing. This is examined in the context of the concept of 'active ageing', as propagated by the World Health Organization (WHO). The theoretical underpinnings on ageing are explained to specify ageing individuals as people with the potential to be productive and resourceful. It also reviews the evolution of, and historical trends in, volunteerism and the scope of volunteering among older adults as a strategy to promote 'active ageing' and enhance the quality of their lives, and vice versa. The concept of volunteering in its various forms and expressions are looked at. In addition, empirical investigations with regard to the factors that motivate older adults to volunteer, the barriers which prevent them from doing so, and what the benefits of such initiatives are to the individual volunteer and society at large, are studied. Lastly, the article discusses the need for further research on older adult volunteering in India as a strategy to boost active ageing and create an inclusive and egalitarian society.

Key words: Older adult, active ageing, volunteerism, older adult, volunteering, Quality of life

Introduction

Although ageing is a 'triumph of development', the “challenge is to provide opportunities for people to age with dignity and security, enjoying life through the full realization of all human rights and

fundamental freedoms” (United Nations Population Fund (UNFPA) and HelpAge International, 2012). This is particularly relevant with the phenomenon of population ageing (older people becoming a proportionately larger share of the total population) gaining momentum in recent years. In fact, by 2012, the number of older persons increased to almost 810 million. It is projected to reach 1 billion in less than ten years and double by 2050, reaching 2 billion (United Nations Population Fund (UNFPA) and HelpAge International, 2012). “The older population of India, which was 56.7 million in 1991, was over 76 million in 2001 and 104 million in 2011, and is expected to grow to 137 million by 2021” (Census of India, 2011).

From an ecological standpoint, Schiamberg (1985) refers to later adulthood in the developmental lifespan (60+ years onwards) as a period characterised by the conclusion of child-rearing and parenting responsibilities, and the acceptance of impending retirement from formal employment. There is an attempt to extend the creativity and competence acquired in middle adulthood to new roles in leisure time and “grandparenting”. The quest for the meaning and understanding of life is renewed. Further, research has indicated that as society transforms people's experience of ageing, later life also undergoes a metamorphosis (Phillipson, 1998; Gilleard and Higgs, 2000 and Vincent, 2003).

In the context of India, the issues of the ageing population are aggravated as a result of rapid socio-economic transformation, resulting in alterations in all aspects of life. Since the elderly are a widely heterogeneous group, their needs and problems also vary significantly according to age, socio-economic status, health, living status and such diverse background characteristics. The needs of older persons in India are several and complex. They are vulnerable, owing to problems ranging from the absence of an assured and sufficient income to ill health, absence of social security, loss of social roles and

recognition, and non-availability of opportunities for the creative use of free time, as well as economic, psychological and health-related issues (Siva Raju, 2011). At present, the elderly are the most vulnerable segment of the population in India, being the 'oldest old' (75+ years), living in rural areas, living below the BPL (Below Poverty Line) bracket, and being elderly women. The Draft National Policy for Senior Citizens, 2011, pays special attention to these groups of elderly as their numbers are growing. "The rural poor, who mostly work in the informal or unorganised sector, face insecure employment, insufficient income, and lack of access to any form of social security and good quality and affordable healthcare" (Siva Raju, 2011). The feminization of the elderly is reflected in the expanding masses of women who are much older than men. The sex ratio for elderly women is 706 per 1000 in rural areas and 757 in urban locales (Siva Raju, 2011). In fact, "among the oldest old, the sex ratio is expected to be as high as 136 women per 100 men by 2026" (Bansod and Subaiya, 2011). Elderly women are at a dual disadvantage on account of the process of ageing, as well as gender-based discrimination emerging from patriarchal practices and outlooks. This is intensified by other forms of discrimination based on class, caste, disability, illiteracy, unemployment and marital status. Also, women experience proportionately higher rates of chronic illness and disability in later life than men. The vulnerability of women is expected to increase due to greater economic and functional dependence, lower levels of literacy and higher incidence of widowhood (Gopal, 2006). Further, a study conducted by Yadav (2004) validated the premise that "women have a greater need for nurturance than men in old age". Women experience proportionately higher rates of chronic illness and disability in later life than men. Greater numbers of women suffer from non-communicable diseases than do men and experience lower social and mental health status, especially if they are single and/or widowed.

In the light of the current situation of the elderly in India, much deliberation is required to make provisions for facilitating the ageing

population to actualise their right to be active and experience an optimal quality of life. For this to be relevant, one needs to have an insight into how the elderly are perceived in society at large and how these perceptions have been modified over time. Subsequently, it is necessary to examine the social theories on ageing proposed thus far. The following section throws light on this aspect.

Social Theories of Ageing

The Role Theory (Cottrell, 1942) views adjustment to ageing in terms of the variety of roles people play in the course of their lives, and the Disengagement Theory (Cumming and Henry, 1961) postulates that disconnection occurs when people withdraw from roles or activities and reduce their activity levels or involvement. These approaches to the ageing population can be seen as barriers to enabling the integration of the elderly into the mainstream of social life. Conversely, the Successful Ageing (Havighurst, 1961) and Activity (Havighurst, 1963) theories can be viewed as more inclusive approaches to ageing as they recognize the needs and aspirations of elders to remain active and engaged with society. The latter is also favoured by most practical workers in the field of gerontology. Further, the findings from a study by Vatuk (1980) questioned the validity of the voluntary nature of disengagement within the Indian cultural framework. The findings revealed that power and resources were surrendered by the elderly only in the face of ill health and to avert inter-generational conflict. Thus, it was concluded that “withdrawal, expressed as a voluntary choice and buttressed by cultural prescription, becomes a graceful way of giving in to the reality of a power relationship whose balance has already tipped against them”. This finding confirms the trends that earlier studies have established about withdrawal being determined by uncontrollable life circumstances rather than age per se, which adversely affects morale and well-being.

Thus, it is imperative to explore ways to minimize the negative impact of life stressors, as well as boost independence and functionality, for an

optimal quality of life. Strategies for active ageing need to be explored towards this end. Voluntary engagement by older persons can be considered one such strategy.

Models of Volunteer Motivation

There are a number of factors that have been investigated to determine the motivation of people to engage in volunteer work. Some studies indicate that high school-educated, married, middle-aged women with dependent school-age children hailing from the middle class are more likely to take on volunteering (Gerard, 1985; Hettman and Jenkins, 1990). Empirical evidence also suggests that once differences in socio-economic status are controlled, differences by gender, race/ethnicity, or age cease to exist (Smith, 1994). Besides socio-demographic characteristics, other elements have been investigated, although their effects have not been thoroughly or consistently documented (Smith, 1994). Particularly significant, in the context of volunteer work, is the Values and Attitudes Model which focuses on people's belief in the worthiness of civic participation or charitable responsibility as a determinant of them being engaged in volunteer work (Thoits and Hewitt, 2001). Janoski, Musick and Wilson (1998) found that "pro-social attitudes have a stronger impact on volunteering than social participation". In addition, the Volunteer Motivation Model (Thoits and Hewitt, 2001) considers the aspirations or goals of individuals that drive them to take up volunteer work. Research corroborates the fact that people volunteer for many reasons - with the fulfillment of needs being the underlying driver - such as an aspiration to learn new skills to develop the self and enhance self-esteem, prepare for a career, express personal values and community commitment, as well as reduce ego-conflicts or identity threats.

Ageing and the Quality of Life

The WHO (1997) defines the Quality of Life (QoL) as "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations,

standards and concerns". However, as yet, there is little consensus on the definition and nature of the quality of life. Terms often referred to in this context are subjective well-being and life satisfaction. Besides, it is a dynamic construct (Allison, Locker and Feine, 1997) which requires cultural contextualizing.

There is growing research-based evidence indicating how a positive quality of life contributes to a more enriching and healthy ageing process (Xavier et al., 2003; Gabriel and Bowling, 2004; Alvarenga, 2009; Hsu, 2007; Wiggins, Higgs, Hyde and Blane, 2004; Kruse and Schmitt, 2012; Bowling, 2008; Cloos, 2010; Boudiny, 2012; Clarke and Warren, 2007; Davey, 2002; Hessel, 2008; Wilcock, 2007). Thus, it is necessary to create avenues for older adults to age by being purposefully engaged in activities of their choice and aptitude, and must be propagated as a method of enhancing the quality of life. A study conducted by Bowling (2008) found that most respondents perceived active ageing in terms of physical health and functioning (e.g. exercising for its achievement/maintenance); leisure activities (e.g. going out, keeping busy; attending clubs and so on); mental activity (e.g. exercises/activities to maintain an active mind); social relationships and contacts (e.g. meeting/seeing friends, relatives, and new contacts). The perceptions on active ageing that emerged could be categorized into three areas: maintaining health, functioning and wider well-being. "These findings have indicated the need to develop an all-encompassing, while realistic, concept of active ageing, which also embraces frailer, less active older people". Gunnarsson (2009) reviewed studies to "understand what everyday life is like for many older women and men". While there were numerous commonalities with respect to the activities engaged in, increasing age was found to have a negative influence on participation in several organizations and leisure activities to a great extent. The common nature of activities that emerged were self-maintenance and housework, social activities (talking to people, telephone calls and visiting others, caring or voluntary work, playing cards or travelling with others, being members

of religious organizations and sports clubs, leisure activities such as reading newspapers/books, walking, watching television and resting), participation in social and cultural activities which comprised both physical and intellectual pursuits, including study circles, cultural and organizational activities, and restaurant visits (Horgas, Wilms and Baltes, 1998; Bukov, Maas and Lampert, 2002; Arber, Perren and Davidson, 2002; Agahi and Parker, 2005). These findings were validated by Gunnarsson (2009) who undertook a study that aimed to describe, analyse and interpret, from a life-course perspective, how older women and men experience everyday life. For the study, 'Everyday Life' was operationalised as something that is created constantly through people's handling of their living conditions and relations to others. It is determined by socio-economic conditions and social relations as well as experiences at different phases of the life course. Sherman and Shavit (2012) found volunteering to be "an important activity for older people and linked to other activities in their life, even though it is not an obligatory activity".

The instrumental role of active ageing in the process of enhancing the quality of life of the elderly is evident in Erik Erikson's 9-stage model of the Psychosocial Stages of Development, which embodies a lifespan perspective. It views the characteristics of an individual at each life stage in the human development cycle, along with the corresponding favoured outcomes. The last two stages pertain to older people. Subsequently, the eighth stage of Integrity versus Despair includes those in their late adulthood evaluating their past and drawing satisfaction from this reflection. According to Erikson, "Wisdom is the basic strength associated with later years, based on the well-lived life. Disdain is the core pathology of this stage" (Flemming, 2004). Finally, the ninth stage of Despair vs. Hope and Faith pertains to very old age (late 80s and beyond), which hails a renewed sense of self over physical and mental degeneration and dependency with a goal of achieving new wisdom and transcendence.

Thus, both of the stages above pose options for how individuals can choose to age. There is a need to open up channels for active engagement with life to boost hope and faith and overcome despair, despite limitations.

Active Ageing: A Policy Framework

According to the WHO Policy Framework for Active Ageing (2002), “The word ‘active’ refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. Thus, active ageing is described as the process of optimizing opportunities for health, participation and security in order to enhance the quality of life. This validates the human rights of older people and endorses the United Nations guiding principles of independence, participation, dignity, care and self-fulfillment. Further, it focuses on a “rights-based” approach that recognizes the rights of people to equality, opportunity and treatment in all aspects of life as they grow older, rather than a “needs-based” approach (which assumes that older people are passive targets).

While being guided by the United Nations Principles for Older People, the policy framework requires action on three basic pillars: participation, health and security. With specific reference to participation, it states that there is a need to provide education and learning opportunities throughout the lifecourse (basic education and health literacy as well as lifelong learning so as to enable older people with opportunities to develop new skills, particularly in areas such as information technology and new agricultural techniques); recognize and enable the active participation of people in economic development activities, formal and informal work and voluntary activities as they age, according to their individual needs, preferences and capacities (poverty reduction and income generation through opportunities for formal work, informal work, and voluntary activities; recognizing the value of volunteering and expanding opportunities to participate in meaningful volunteer activities as people age, especially those who

want to volunteer but cannot because of health, income, or transportation restrictions); and encourage people to participate fully in family and community life, as they grow older (transportation, leadership, creating a society for all ages, conveying a positive image of ageing, reducing inequities in participation by women and supporting organizations representing older people).

With reference to India, the National Policy on Older Persons - NPOP (1999) reflects the spirit of active ageing by recognizing the need for affirmative action in favour of the elderly; viewing the life cycle as a continuum, of which the post 60-year phase of life is an integral part; and recognizing older persons as a resource.

The new draft policy, the National Policy for Senior Citizens NPSC (2011), values an age-integrated society. Among the various focal areas - such as the mainstreaming of older persons, promoting 'ageing in place', creating a barrier-free, inclusive and age-friendly society, and making provisions for financial security for seniors - the new policy also aims at promoting active ageing by “recognising that senior citizens are a valuable resource for the country and creating an environment that provides them with equal opportunities, protects their rights and enables their full participation in society”.

Productive ageing is an area of intervention of this policy where it commits to ensuring mechanisms through which older persons can have gainful employment opportunities even after retirement.

This is of specific significance as “age discrimination, limited access to healthcare, poverty and a lack of income security persist in old age. Subsequently, national legislation and international instruments are needed to promote the inclusion of older persons in the development process, to protect their human rights, including rights to health and to income security, and to promote their contributions to society” (United Nations Population Fund (UNFPA) and HelpAge International, 2012).

Studies have devised hypotheses about the factors that contribute to successful ageing, of which a variety have been elicited by numerous

researchers. Chung and Park (2008) cited many such studies, Ryff (1989) identified *six criteria for successful ageing*, which comprised positive interaction with others, a sense of purpose, autonomy, self-acceptance, personal growth, and environmental fit. Other dimensions suggested are good health, (adequate) income (Collings, 2001; Fisher and Specht, 1999; Hsu, 2007; Yeung, 2004), and supportive family relationships or friends (Guse and Masesar, 1999; Laferriere and Hammel-Bissell, 1994). In '*robust ageing*', four factors have been proposed as components of successful ageing: productive condition (or capacity), emotional condition, functional condition, and cognitive condition (Chou and Chi, 2002; Garfein and Herzog, 1995). Baltes and Lang (1997) included cognition, along with integrity of the sensory functions, vitality for exercise, personality and social resources. Cultural variations in successful ageing have rarely been explored. Torres (2003) found that Iranian immigrants in Sweden had changed their view of successful ageing after their migration. A Taiwanese study found that elderly people valued health and independence, economic security, and family support (Hsu, 2007).

While the concepts of 'active ageing' overlap with those of 'successful' ageing (Bowling, 2008), Walker (2002) outlined key principles to be embodied in the concept of active ageing. These include "activity to encompass all meaningful pursuits and all older people regardless of their condition or abilities; engage all age groups in the process of ageing actively across the entire lifecourse (a preventive dimension); foster inter-generational solidarity; there should be a component of both rights and obligations woven into it; it should be a participative and empowering strategy which respects national and cultural diversity".

There have been attempts to examine the perceptions of older adults about active ageing/successful ageing and the way they see it impacting their lives. Although variations have been found in the way elders define active ageing, a positive relationship has been reported

between 'being active' and the quality of life, by and large (Marhankova, 2011; Bowling, 2008, *Gunnarsson, 2009*; Hsu, 2007; Clarke and Warren, 2007; Chung and Park, 2008). Education, in the guise of lifelong learning, can assist not only in prolonging working life (paid and voluntary), but also in helping people with the transition to retirement and old age (Davey, 2002).

Research in the Indian context, on the concept of 'happy' or 'successful ageing', includes efforts to enhance a sense of well-being and quality of life of the elderly. The emerging determinants of successful ageing have been found to be self-acceptance of changes in the process of ageing, self-perception of health, perceived functional ability, perception of social support, inter-generational amity, belief in *karma* and the afterlife, flexibility, a variety of interests, activity levels, marital satisfaction, religiosity, certain value orientations, and economic-well-being (Ramamurti and Jamuna, 1992; Gupta, 2004; Siva Raju, 2006).

Thus, it can be said that empirical evidence points to a variety of ways in which active ageing leads to enhancing the quality of life, although much of it is from Western literature. Active ageing opportunities are a right of all individuals and it becomes incumbent on policies and programmes to create avenues for the ageing population to have access to, and optimally utilize, such facilities. In facilitating this process, services for developing new skills through training and education must be offered. One avenue enabling older adults to both constructively use their leisure time and channelize their resources is by engaging in volunteer work. The characteristics and value of volunteering as a mechanism to enhance the quality of life by providing opportunities for active participation need to be examined. The next section endeavours to explore this nexus and the nature of its contribution in the process of active ageing.

Volunteerism in Society: A Critical Review

“Voluntary has a dual meaning: undertaking action of one's own

accord, and undertaking service without payment. It is a person's free choice to become involved as a volunteer or as a member of an organization; often, this involvement, even when undertaken in a professional capacity, has no, or only token remuneration" (Jakimow, 2010). According to Seth, (2012), the central components of volunteerism are caring, helping, sharing, creating alliances and establishing cooperation based on unity and a commonality of intent. According to the United Nations Volunteers Report (2011) viewpoint, a variety of terminology may be used to define it and it may be manifested in different forms across the globe, "but the values which drive it are common and universal: a desire to contribute to the common good, out of free will and in a spirit of solidarity, without expectation of material reward. A society which supports and encourages different forms of volunteering is likely to be a society which also promotes the well-being of its citizens" (United Nations Volunteers, 2011). In proclaiming the International Year of Volunteers (2001), the international community recognized the essential contributions which volunteers make to the progress, cohesion and resilience of communities and nations. Volunteerism is an integral element of human life that enables interdependence, social cohesion and mutual trust for personal and societal growth, well-being and enrichment. "The ethos of volunteerism is infused with values including solidarity, reciprocity, mutual trust, belonging and empowerment, all of which contribute significantly to the quality of life" (United Nations Volunteers, 2011). Despite its immense value and contribution to human well-being, there have been few attempts to empirically study the nature of volunteerism and its impact on the quality of life.

It is important to note that over time, the nature and scope of volunteerism has undergone a transformation. "Modern volunteerism is significantly different from the conventional volunteerism in form, content, intent and impact. Conventional volunteerism was primarily aimed at charity and relief or, at best, social welfare and social reform. It sprang out of religiosity, generosity and altruism. It was inspired by

idealism rather than ideology” (Baxi, 1986). Modern volunteerism has moved from idealism to an ideology-based approach. The focus is on capacity building and mobilization of people to take charge of their own lives, lobbying for asserting their rights to social justice and equity rather than being passive receivers of alms. Thus, modern volunteerism requires different strategies to achieve the goals of redistribution of power, status and wealth (Gandhi, 2012; Mohanty and Singh, 2001; Tandon, 2002; Mukhopadhyay, 1995; Jena, 2012; Kumar, 2012).

Contemporary social movements (*the Chipko Movement, Shramik Sanghatana, Kerala Fish Workers' Forum, Shetkari Sangathana and Chattisgarh Mukti Morcha*) have led to the emergence of new avenues for volunteerism, playing a major role in facilitating people's participation in human development. The activist spirit of volunteerism in these social movements can be viewed as purposeful and change-oriented as it has the scope to influence agenda setting, policy and decision making as well as representation, subsequently leading to personal transformation, as identification with a cause enables the development of newer and broader outlooks. Such acts of volunteerism focus on democratizing development through the empowerment of people. In the face of scarce resources, volunteers are integral to the success of such activist social movements as they have the time, resources (both material and knowledge/expertise) and enthusiasm that require a goal to be channelized into. Volunteers are valuable in that they are able to articulate the aims of the cause to the larger population in culturally-relevant and acceptable terms. This aids in mobilizing greater participation of the masses in taking the movement ahead. It can thus be concluded that the partnership between volunteerism and social activism acts as an agent to reduce alienation and powerlessness, and strengthen the process of social cohesion at both the micro and macro levels of living. It plays an instrumental role in broadening and sustaining people's participation in human development and social change (Bose, UNV 2012).

“Among the challenges of researching volunteerism, three stand out: *firstly*, there is no common agreement on what volunteerism is and how it is manifested; *secondly*, there are widespread misperceptions, contradicted by empirical data and anecdotal information that obscure the nature and extent of volunteerism; and, *thirdly*, there is no agreed methodology for assessing the volume and value of volunteer action” (United Nations Volunteers, 2011). Additionally, the limitation of the research on volunteering is that most studies have not drawn comparisons between samples of volunteers and non-volunteers.

According to the United Nations Charter on volunteerism, commonly understood expressions of volunteerism are “formal service delivery, i.e. provision of a service to a third party; mutual aid or self-help, i.e. when people with shared needs, problems or interests join forces to address them, thus benefiting members of the group; and civic participation such as advocacy and campaigning, lobbying or campaigning” (United Nations Volunteers, 2011).

Older People and Volunteering

Older persons have contributed to their societies in many ways since time immemorial. “Volunteering has been identified as one way in which older adults can hold meaningful social roles, gain new skills, and become part of a social network of other volunteers” (Chambre, 1987 and Price, 2007). “The contribution made by older persons to society through volunteer action is vast. This is an important observation since research, mostly in developed countries, indicates that older people are particularly vulnerable to exclusion. This is especially true of those who have left the labour market and those with weak family ties” (United Nations Volunteers, 2011).

Active ageing opportunities are a right of all individuals and it becomes incumbent on policies and programmes to create avenues for the ageing population to have access to and optimally utilize such facilities. In facilitating this process, services for developing new skills through training and education must be offered. One such avenue

enabling older adults to both constructively use their leisure time and channelize their resources is by engaging in volunteer work. This is particularly important as the healthy active older population, who are not engaged in paid work, constitutes a growing reservoir of human and social capital (Moen and Fields, 2002). Volunteering can be considered an integral activity that enables individuals to sustain a positive self-concept and remain connected with people and events in the environment. This is especially crucial for older adults, given that the forces of ageism tend to alienate them from the mainstream activities of everyday life. Morrow-Howell (2010) wrote, "Volunteering has historically been one of the few formal roles available to older adults after exiting the workforce, as well as a clear-cut strategy to maintain the involvement promoted by the activity theory".

The *motivations* that drive older adults to volunteer are varied and a combination of motivating factors contribute to this process. Chou, Chow and Chi (2003) found that financial security, health, and perceiving volunteering as meaningful and with the potential to generate happiness were strong motivators for volunteering among older people. The scope of volunteering to enable '*global activity motivation*' - regular utilization of skills, a flexible schedule, contribution to the community, and feeling a sense of accomplishment every day - were factors that positively influenced older adult volunteering, according to Caro, Capsi, Burr and Mutchler (2009). Gillespie, Gottlieb and Maitland (2011) found that older adults with multiple motives for volunteering, along with the ability to utilize their social skills and holding pro-social attitudes, had more commitment and capacity development in the volunteer role. The responses obtained from a study undertaken by Barlow and Hainsworth (2001) indicated that volunteerism was motivated by three key needs: to fill the vocational void left by retirement, to feel as a useful member of society by helping others, and to find a peer group. A study by Narushima (2005) also confirmed that older adults volunteer for

multiple reasons. Although every participant in this study referred chiefly to concerns for others and to society as motives for volunteering, the respondents did not use the terms 'social obligation' or 'altruism'. Instead, the expressions used included 'feel responsible', 'want to work for social causes', or 'want to give something back to the community' (four participants called this 'payback time' in retirement). This study also shed light on the characteristics of the activities offered by non-profit organizations (NPOs) which attract older volunteers. These were found to be 'people-oriented' roles kept separate from administrative work (tutor, tour guide, public relations, storyteller, recruiter, friendly visitor, and mentor), roles that make volunteers highly visible and well-organised through intensive pre-training, followed by regular educational and social opportunities to update their knowledge of social issues.

While there are many factors that contribute to increasing the aspiration to volunteer among older adults, barriers also exist. Barlow and Hainsworth (2001) found that the costs of volunteering were perceived in terms of time, responsibility, invasion of social life, failure, anxiety, and the duration and intensity of training. Research suggests that structural aspects also determine volunteering retention and turnover. Scholars have found that structural barriers include a lack of knowledge about volunteering and opportunity, incurring personal expenses, a lack of skills and transportation, a lack of clarity of expectations, assignment of menial tasks, time constraints, inadequate volunteer management, duration of involvement, volunteering in other programme(s), the adequacy of ongoing support, and the availability of stipends (Tang, Morrow-Howell and Hong, 2009; Tang, Morrow-Howell and Choi, 2010). Further, the findings of these studies have provided evidence about the vital role of flexibility in attracting older adults to volunteer roles. It also pointed to the importance of monetary incentives and transportation for lower-income and non-white older adults, as well as the importance of role recognition for older adult volunteers at more advanced ages. Thus, the researchers felt that there

was a great need to enable and prepare nonprofits to adequately engage diverse populations in volunteering.

The needs that volunteer work can gratify are numerous - ranging from giving a sense of belonging to recognition, enhancing self-worth as well as providing opportunities to self-actualize, i.e. discover and utilize one's full potential. This is of specific significance to the ageing population where losses are experienced at all levels: individual, familial, social, work and employment. In general, the nature of the benefits found thus far include better physical and psychological health, increased well-being, increased life satisfaction, lower mortality risk, lower functional dependence, and lower levels of depression (Barlow and Hainsworth, 2001; Lum and Lightfoot, 2005). Despite the barriers, Barlow and Hainsworth (2001) found that older volunteers valued finding a purpose, reported less pain and an increased desire to 'get on with life'. Thus, the results of their study suggested that volunteering in later life can help offset losses associated with retirement and declining health.

Literature on the benefits of older adults volunteering can be categorized at different levels as it explores the relationship of this activity with its potential to generate social inclusion and group identity (Moen and Fields, 2002; Onyx and Warburton, 2003; and Fraser, Clayton, Sickler and Taylor, 2009), enhance overall well-being and improve or prevent physical and mental ill health (Mikaela and Rantanen, 2010; Barron, Tan, Yu, Song, McGill and Fried, 2009; Morrow-Howell, Hinterlog, Rozario and Tang, 2003; Lum and Lightfoot, 2005; Li and Ferraro, 2005; Li and Ferraro, 2006; Wilson and Musick, 2003; Warburton, 2006; McDonall, 2011; Henricksen and Stephens, 2010 and Haski-Leventhal, 2009) and create opportunities to use leisure time constructively and build capacity (Narushima, 2005; Gill, 2006; Lum & Lightfoot, 2005; Van Willigen, 2000 and Misener, Doharty and Hamm-Kerwin, 2010). Further, Brown (2010) found that volunteering is a developmental process and learned behaviour to be fostered in older persons by personally

inviting them to volunteer. Inter-generational volunteering projects allow older persons to pass on knowledge and skills and provide positive role modeling for younger volunteers. Thus, it was concluded that older adults who respond to a call for volunteering are likely to continue to participate in volunteering activities as they start to gain benefits.

The literature above clearly points to the potential that volunteering has for positively impacting older adult volunteers and thus serving as a conduit to enhancing their quality of life. It is with this conviction that most policy and programme initiatives have been developed at the international and national levels.

Need for Research on Older Adult Volunteerism in India: Gaps in Knowledge

Research to explore the participation levels of the elderly in socio-cultural activities has found that they are low in general, and even lower amongst the poor and female elderly (Siva Raju, 2011). This is of significance as it reflects their lack of engagement in voluntary activities as a socio-cultural venture. However, such empirical evidence is limited in India and requires further investigation.

The participation of older women as volunteers in reform movements is not visible. In fact, during the 19th and 20th centuries, women extended support to needy women and children as well as to the organizations they began – the National Council of Women in India, the Young Women's Christian Association (YWCA), and the All-India Women's Conference (AIWC). Education, health and safety, and women's rights were areas in which efforts were invested. Besides, these volunteers became part of the women's movement for equal rights and were integral to Gandhi's call for satyagraha. In fact, they contributed immensely to the women's movement in the post-Independence era and were instrumental in forming the Joint Women's Programme (JWP) networks and partnering with other movements. Representation by

older adult women in these events, both prior to Independence and after, appears non-existent (Chatterji, 2012).

In addition, prevailing ageist attitudes create obstacles in encouraging older persons to engage in volunteering. With specific reference to people with disabilities, it is found that “Co-partnership in volunteering or inclusive volunteering should be encouraged to not only empower persons with disabilities, but also to erase misconceptions about their abilities to contribute to community building” (Trivedi, 2012) to assimilate such persons into the mainstream.

Hence, additional scientific enquiry is required to develop ways of motivating older adults especially, women in India - to be actively engaged in voluntary work; generating awareness about the possibilities and opportunities of such involvement in the process of active ageing, and creating inclusive environments for the elderly to participate in meaningfully.

Flexibility in viewing voluntary action must exist, and hence volunteerism in its various forms needs to be recognized. However, to achieve this goal, it is necessary to operationalize the issues within Indian realities. This includes designing methods of measuring volunteerism and its effects on older persons, for which the generation of India-specific knowledge on this subject is imperative.

Given the magnitude of population ageing in India, the focus on promoting the participation of the elderly through volunteerism is gaining importance. The multidimensional base of volunteerism requires exploration so as to widen the areas of intervention. Research is needed with the support of community-based organizations for creating a data bank of potential volunteers among senior citizens. Their needs, capacities and preferences are to be identified and tracked to create appropriate avenues for them to volunteer effectively and satisfactorily. Training the elderly to take on volunteering is essential to enable them to volunteer with commitment and in a professional

manner. Opportunities for lifelong learning to build a capacity for engaging in modern avenues of work and activities will make it possible to re-integrate older adults into the mainstream so as for them to be able to contribute to it meaningfully. Grooming older adults to take on advocacy roles for enhancing the opportunities of the ageing population to participate more actively in civic and political affairs is yet another avenue for intervention.

Also, it is important to note that the values of volunteerism are extremely relevant in strengthening the capacity of older persons to take control of their lives and act purposefully in creating a quality of the standard of living they would like to experience. There exists compelling empirical evidence, although mostly from the West, that indicates the ability of volunteering to enable older persons in dealing with and overcoming the wide and complex issues encountered by them in the process of ageing. In this nexus, as already discussed, volunteerism has the scope to create a socially-inclusive society, offer older adults opportunities to participate actively in civic society as rightful citizens, aid in coping with ill health and enhancing psychological and emotional well-being, support the elderly in regaining identity and self-worth as resourceful and actively-contributing citizens, generate mutual trust and respect across generations, enable utilisation of leisure time constructively and help older persons to organize together in the form of self-help groups to assert their right to gain avenues to financial and social security. Since the act of volunteering goes beyond merely completing a given task, it has the potential to create and sustain bonds of trust, societal cohesion, and help forge a common sense of identity and destiny.

Thus, there is a need to investigate the ways in which possibilities for volunteering can be created for older adults, especially since existing research on this area is negligible in India. Additionally, this heterogeneous segment of the population is rapidly growing in numbers, with frugal opportunities and the ageist attitudes of society curtailing their options for full participation in all domains of life.

In addition, the WHO Policy Framework on Active Ageing (2002) includes the *right to full participation* as one of the pillars of active ageing in recognition of the inherent capacity of volunteer engagement as an instrument for active ageing. However, the differential characteristics of the elderly in developed and developing countries determine the opportunities for, and attitudes towards, volunteering among older persons. Thus, empirical studies are needed to fill the gap in the conceptualization of volunteerism in the Indian context with regard to active ageing.

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