
UNIT 20 THE AGED

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20.0 OBJECTIVES

In this unit we shall acquaint you with the problem of the aged in general and of the aged in India in particular. We shall do this by showing how and why this problem is becoming larger and more difficult, and by pointing out its different aspects.

After reading this unit, you should be able to:

- explain why the situation of the aged is posing problems;
- describe how changes in the society are rendering the problem more complex and difficult;
- discuss the demographic, economic and health conditions of the aged;

- examine how the aged were able to adjust themselves in the society more satisfactorily in the past and how they are finding their adjustment less satisfactory now;
- contrast the situation of the aged women with that of the aged men; and
- analyse the public policies and programmes to help the aged.

20.1 INTRODUCTION

The situation of the aged in the world in general and in India in particular poses a dilemma. On the one hand, we find that the life expectancy is growing and the proportion of the aged in the population is increasing, which can be regarded as great achievements of modern civilisation. On the other hand, we also find that becoming old is increasingly perceived as a problem, the aged is finding it more and more difficult to adapt themselves to the changing situation. In this unit we shall discuss all these issues pertaining to the aged in India. We will begin this unit by discussing the nature of the problem of the aged. For any understanding of the problem of the aged, the demographic characteristics have to be understood, which we shall discuss next. We shall then go on economic characteristics, health condition and social adjustment of the aged. Lastly we will focus on and examine the public policies and programmes for the aged.

20.2 NATURE OF THE PROBLEM OF THE AGED

There is a manifestation of a growing degree of prejudice and discrimination against the aged, so much so, the term “old people” has itself acquired a derogatory connotation and in the English language, other terms such as “aged”, “aging”, “elderly” or “senior citizens” are used while making a polite reference to old people.

We come up against the complexity of the problem of the aged at the very outset when we ask the question, who are the aged? For practical purposes, people who have crossed a given span of life are regarded as the aged. In the developed countries in which the life expectancy is relatively longer, people who have-crossed the age of 65 are classified as the aged or the elderly. But in developing countries such as India in which the life expectancy is relatively shorter, the cut off point is 60 years. In either case the definition is arbitrary; it is as if you get up one fine morning and find yourself grown old. Growing old does not happen suddenly, it is a complex and gradual process.

20.2.1 Dimensions of the Problem

Growing old is a complex and gradual process having biological, psychological and social dimensions, which not only do not fully correspond with one another but also do not exactly coincide with one’s chronological age. It is, however, true that the chronological age is an index of the growing and developmental process that goes on in the biological, psychological and sociological dimensions, and, therefore, the chronological definition of what constitutes old age is useful for purposes of study. But it is important to note that the aged of any given age group, say 60-64 years, do not constitute a homogeneous category as the pace of biological, psychological and social development again is not uniform in all individuals.

The problem of the aged boils down to their having to adjust in society when they are faced with certain crucial events in their life as they are growing old. Such events can be broadly divided into two categories, one consists of events related to the development of the older individuals, and the other consists of events of the historical time when the individual is growing old. Hence, the processes of demographic transition, industrialisation, modernisation etc. affect the status of the aged in the society.

20.2.2 Problems Faced by Individual Aged

Let us first consider the problems faced by the individual in his/her biophysiological, psychological and sociological spheres of life when she/he is aging. When an individual passes from childhood through youth and middle age to old age, his/her everyday behaviour changes markedly because of his/her experiencing certain important events which are characteristics of each phase of life.

- a) In the bio physiological sphere, as the individual develops, she/he experiences, over the years, the attainment and the loss of reproductive capacity, the growth and decline of physical vigour, the loss of cells and functions and the growing susceptibility to disease in organs.
- b) In the psychological sphere she/he experiences the development of cognitive capacities, the changes in his/her life goals and self-identity such that when she/he is growing old his/her life goals and his/her self-image tends to be rather negative.
- c) In the sociological sphere, during the earlier phases of his/her life the individual enters into the major areas of interaction such as work, marriage, bringing up the family and membership of social organisations. In these events, she/he experiences increasing responsibility and power until the middle age, and during the old age she/he either loses roles or experiences a decline in responsibility and power. Thus in every sphere of life, as the individual becomes old, his/her capacity to adjust himself/herself to the society declines.

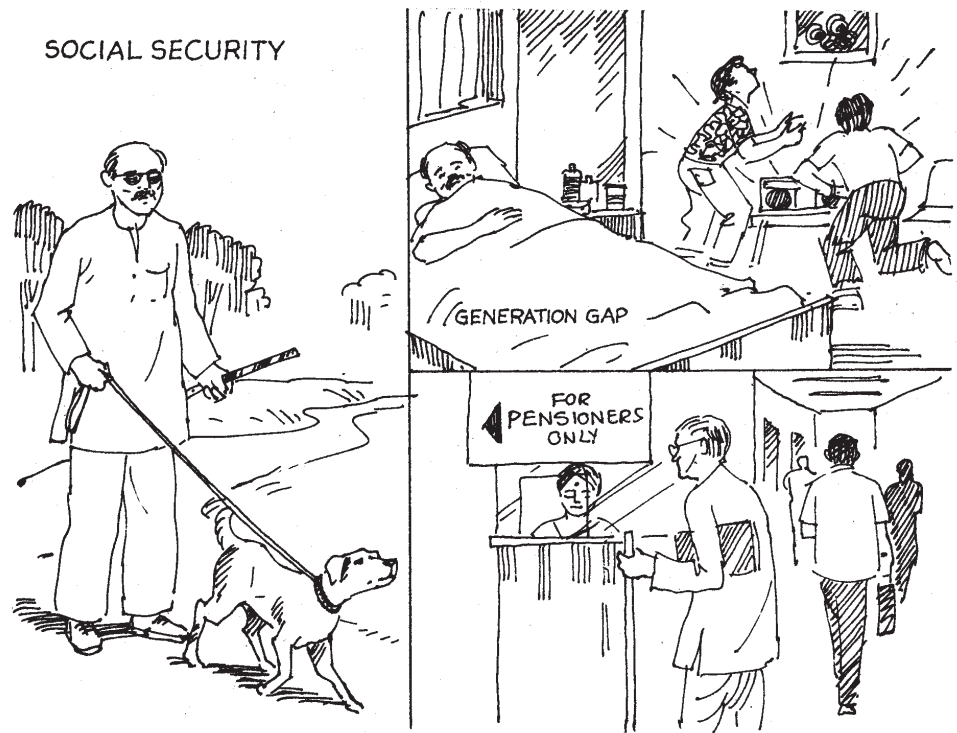
However, the ability of human beings to adjust themselves to the society need not depend solely on their inherent attributes and capacities, because in their adjustment they can be greatly aided by the prevailing socio-cultural factors in the adjustment of the aged in the society, whether favourable or unfavourable depends upon the major historical events during the life-time of the aged.

20.2.3 Demographic and Socio-economic Changes and the Aged

There are sometimes epochal changes in history, which give rise to radical changes in the adjustment of individuals including the aged in their society. One such landmark in history having far-reaching consequences for the situation of the aged, resulting in their growing proportion in the population as well as their increasing difficulty of adjustment in society, is the transformation of the economy from the pre-industrial into the industrial form, with all its changes in the socio-cultural system, which we call modernisation.

a) **Demographic Transition and the Aged**

The growth in the proportion of the aged in the population is directly linked to the phenomenon of demographic transition. It is important to note that although it may appear that the growing proportion of the aged in the population is due to the increasing longevity or life expectancy, which is partly true, the main reasons for this phenomenon is the declining fertility, that is a reduction in the average number of children born to women in a society. On the other hand, the change in fertility is an aspect of the demographic transition.



Aged and the Changing Society

Demographic transition refers to the social process whereby a country or society moves from a condition of high fertility and high mortality to one of low fertility and low mortality, the former condition is known as the pre-transitional stage and the latter, the post-transitional stage. The period in between these two stages is known as the transitional stage, which is further, divided into the early, the middle and the late transitional stages. During the transitional stage, the mortality rate declines relatively faster than the fertility rate until gradually equilibrium is reached, ushering in the post-transitional stage.

The peculiar pattern in the change in the mortality and fertility rates give rise to a rapid growth of population as it is experienced in India during these last few decades. All the same, as the fertility rate is coming down, at the one extreme of the age variable of the population, the proportion of the children declines, and, at the other extreme, the proportion of the aged increases. Thus lower the fertility rate in a society, the higher, the proportion of the aged. Therefore, the developed countries which are in their post-transitional stage with the lower fertility rates, on the whole, have higher proportions of aged in their populations as compared with the developing countries such as India.

b) Industrialisation, Modernisation and the Aged

Industrialisation and modernisation, besides leading to demographic transition, also bring about radical changes in the institutional structure of the society, which affects the mode of adjustment of the aged in the society. This can be explained with reference to the changes in the institution of the family which was a major factor in facilitating the adjustment of the aged in the pre-industrial society. It may be recalled that in old age an individual, by virtue of his/her diminishing biological, psychological and social resources, runs the risk of experiencing a decline in his/her security and status in society. This risk, in the pre-industrial society, is covered by the peculiar character of its family and the special position occupied by the aged in the family.

In the pre-industrial society, the family was also the unit of production and the productive assets are controlled by the elders, which ensured their influence and status despite their declining individual attributes. So also in their family enterprise the aged can work as long as their condition permits and on task consistent with their diminishing capacity, which ensures a gradualness in their aging process. On the other hand, in the modern industrial society, as the family tends to lose its production function, the younger tends become economically independent of their elders, giving rise to a change in the family structure.

In the new type of family structure in the industrial society, the aged are often left to fend for themselves at a time when their capacity for social adjustment tends to decline. At the same time, in the industrial economy, on the grounds of economic rationality, the aged are involuntarily retired from gainful employment while their productive capacity is still intact or only slightly reduced. Such a predicament contributes greatly to their economic insecurity and accelerates the process of aging.

On the background of the foregoing description of the problem of the aged in general, we shall next examine some of the aspects of the problem of the aged in India. The problem can be viewed from some of the trends discernible in the demographic, economic and health situations of the aged, in their living arrangements and adjustment in the society and in the public response to the solution of the problem.

Activity 1

You must be coming across a few aged people regularly in your neighbourhood. Based on your interaction with or observation on them write a note on the status of the aged in your neighbourhood. Exchange your note, if possible, with other students at your Study Centre.

20.3 DEMOGRAPHIC CHARACTERISTICS OF THE AGED

The decennial censuses conducted by the Government of India give information on the age break-up of the population, which gives us an idea about the trends in the demographic characteristics of the aged. As already pointed out, it is also necessary to bear in mind that, as in several other developing countries, the aged in India are defined as all those who have completed 60 years of age,

unlike the cut-off point of 65 years in the developed countries. The age of compulsory retirement in the organised sector of employment in India is even earlier in most cases, in government service it is 60 years and in the educational institutions and in private corporations it is generally 62 years.

20.3.1 Growth of the Population of the Aged

The size of the population of the aged and especially its proportion in the total population is an important factor in the adjustment of the aged in the society. In general the smaller the size and the proportion of the aged, the better are the chances of their satisfactory adjustment. In order to get an idea about the proportion of the aged in India, you may familiarise yourself with the information about the percentage distribution of the total population by broad age groups shown in Table 1.

Table 1 : Percentage Distribution of the Total Population by Broad Age groups, 1901-2000

Census Year	Age Groups			All Ages
	0-14	15-59	60 +	
1901	38.60	56.35	5.05	100
1911	38.45	56.40	5.15	100
1921	39.20	55.55	5.25	100
1931	40.00	55.95	4.05	100
1941	38.25	56.85	4.90	100
1951	37.50	56.85	5.65	100
1961	41.00	53.36	5.64	100
1971	42.02	52.01	5.97	100
1981	39.54	53.93	6.52	100
1991	37.3	55.5	6.8	100
2000	—	—	7.6	—

Source: 1991-1971, ESCAP, 1982, Country Monograph Series No. 10, Population of India. Table 43. For 1991 Census of India 1991. For 2000 Planning Commission.

If you focus your attention upon the 60+ group, you will notice that these percentage, from 1901 to 2000, have ranged from 5.05 to 7.6. considering the fact that in some of the developed countries, the people over 60 years are above 20 per cent the percentage of the aged in India does not appear to be impressive. But it is important to note that since the 1950s the percentage of the aged in India has been rising steadily, reaching 7.6 per cent in 2000. The upward swing in the percentage of the older population in keeping with the fact that India, in recent decades, has been passing through the transitional stage of the global process of demographic transition, and accordingly in the decade to come, the rate of growth in the percentage of the aged will be even faster.

Another striking feature of the population of the aged in India is its impressive absolute size. It was 43 million in 1981 and is estimated at 55 million in 1991 and by the year 2001 A.D., it was touched the 75 million mark. By any standard these are daunting figures when we bear in mind the efforts and resources that are needed for enabling the aged to cope with their situation.

20.3.2 Dependency Ratio

There are different ways of bringing out the significance of the distribution of population in different age groups. One of the important ways which we cannot afford to overlook, is to see the size of the burden which the younger (0-14) and older (60+) age population places upon the population of the working age (15-59). The burden constituted by the younger population is termed the young dependency ratio and is obtained by dividing the percentage of population in the 0-14 age group by the percentage of population in the 15-59-age group and by multiplying the quotient by 100. Similarly the burden constituted by the older population is termed the *old dependency ratio* and is obtained by dividing the percentage of population in the age group of 60.+ by that in the age group 15-59, and by multiplying the quotient by 100. The basic information for obtaining the dependency ratios can be taken from Table 1, and as an Activity you may try to work out these ratios for different years yourself.

Because of the youthful nature of India's population, the country is faced with a very high young dependency ratio, which reached its peak in 1971 when it was over 80%. On the other hand, the old dependency ratio is much smaller, never going beyond 10% until 1951. But since 1961 it has been showing a progressive rise, reaching an all time high of 12.26% in 1991 during the past nine decades.

As shown in Table 2 dependency ratio is gradually going to increase for the aged in India. Although, trends in the young and old dependency ratios, which move in the opposite direction, may not make much quantitative different the overall dependency to be borne by the working age population, they make a qualitative difference for the type of services to be provided by the society. When the young dependency ratio is heavier, more attention has to be paid to the provision of facilities for the health care and school education of children, whereas the provision of facilities for geriatric health care and the housing of the aged assume importance when the dependency burden becomes heavier for the old.

Table 2: Gender wise Old Age Dependency ratio in India

Year	Total	Males	Females
1961	10.93	10.91	10.94
1971	11.47	11.39	11.57
1981	12.04	11.84	12.24
1991	12.26	12.16	12.23
1996	12.00	11.99	12.02
2001	11.88	11.72	12.05
2011	12.84	12.67	13.01
2016	14.12	13.94	14.31

20.3.3 Sex-Ratio

In the last several decades, the sex-ratio (expressed as number of females per 1000 males) has been adverse to females. This bias can be seen in the case of the aged also, except that the degree of preponderance of males tends to decline as the aged grow in years. For example, in 1981 there were 933 females per 1000 males in the general population, but in the different cohorts of the aged,

namely the age groups of 60-64, 65-69 and 70 +, the number of females per 1000 was 933, 985 and 974 respectively.

Notice also that within their respective gender, the percentage of the aged among the females is higher than it is among the males.

In the developed countries, the life expectancy at birth is about 6-8 years longer for women as compared with men, and the sex ratio is very much in favour of females both in the general population and among the aged. With the advancement of demographic transition the situation in India with regard to the sex ratio as well as sex-related differential in life expectancy, is likely to approximate that in the developed countries.

20.3.4 Rural-Urban Distribution

The percentages of the aged, both among the males and the females are substantially higher in the rural areas than in the urban areas. In 1981, among the males, whereas 6.83 per cent was made up of the aged in the rural areas, the corresponding percentage was 5.06 in the urban areas. Similarly, among the females whereas 6.85 per cent was made up of the aged in the rural areas, the corresponding percentage was 5.68 in the urban areas. Such a trend goes contrary to our assumption made earlier in this unit that the percentage of the aged in a population is negatively correlated with its fertility. For, the fertility in the rural areas is usually higher than in the urban areas.

The unexpectedly higher percentage of the aged in the rural areas as compared with the urban areas can be attributed to another phenomenon, namely, that of rural to urban migration. The urban population in India has a substantial proportion of rural immigrants, and often the migrant adults leave their aged parents in their home communities. So also, often, some of the retired aged persons from the urban areas, especially among the aged belonging to the lower economic categories, go back to their home communities in the rural areas, to settle down, because of the difficult housing problem in the cities. Accordingly, some of the regions which send migrants in large numbers to big cities, such as the Konkan region adjoining Bombay, are noted for relatively very high proportions of the aged in their population.

20.3.5 Marital Status

In India it is a common practice for everyone to get married in due course of time. Therefore, there are only very small percentages among the aged males and females who have never married. In 1981 about 2 per cent among men and less than 0.40 per cent of the women among the aged had never married. The marital status of aged in India is given below in Table 3.

Table 3: Proportions of Married, Widowed and Divorced or Separated persons among the Aged by Sex, 1991

Country	Age Groups (in yrs)	Males			Females		
		Married (%)	Widowed (%)	Divorced /Separated	Married (%)	Widowed (%)	Divorced /Separated
India*	60-69	85.4	12.0	0.3	52.5	46.3	0.4
	70-79	52.5	19.6	0.3	32.7	66.1	0.4
	80+	61.7	25.4	0.5	23.4	69.8	0.3

- Excludes figures for Jammu & Kashmir.

The phenomenally higher rates of widowhood among the aged women is all the more disturbing because women depend heavily on men for economic support and their husbands are their legal supporters. Therefore the widowed status, as a rule., is more distressing for women than it is for men in our society.

20.3.6 Educational Background

Education is a useful tool for adjustment in old age, especially when the aged are obliged to assume new roles because of reasons such as retirement, loss of the marriage partner or declining strength. In India, however, the educational background of the general population itself is not satisfactory, let alone the aged. It is only in recent decades that efforts have been made to raise the educational level of the population. The aged of today who had been brought up prior to these efforts, therefore, lag very far behind the general population in their educational attainments.

There is widespread illiteracy among the aged. In 1981, 53 per cent males and 75 per cent females were illiterate in the general population while the corresponding percentage among aged men and women were 65 and 92 respectively. Similar differences are found at all educational levels.

On the whole, the low educational background of the aged, especially, that of the aged women, puts them in a very vulnerable situation when they are required to assume new roles and that too in a fast changing society.

Check Your Progress 1

- 1) What are the main causes, which give rise to the problem of the aged? Answer in six lines.

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- 2) Explain why the percentage of the aged in the population has been growing in recent times. Answer in four lines.

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- 3) How are the young dependency and old dependency ratios obtained and how are these ratios changing in India? Answer in eight lines.

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20.4 ECONOMIC CHARACTERISTICS OF THE AGED

One of the major factors in the social adjustment of the aged is their economic condition which may be broadly divided into their employment status and income. It is not merely the possibility of having reduced or no income in old age, but even the fact of having to give up one’s occupation in old age, has damaging consequences for the aged. For, one’s occupation is not merely one’s source of income but also a mode of relating oneself to society. Occupation also plays an important role in giving an individual his/her self-identity and social status.

As already pointed out, the influence of the historical changes on the social adjustment of the aged is nowhere better felt than in their economic adjustment. Because of industrialisation and modernisation, there has been a qualitative change in the economic organisation in recent decades, which has been affecting the economic role of the aged in a marked way. Whereas in the unorganised pre-industrial economy of the past, the aged could engage themselves in their family enterprise as long as they chose, in the organised modern economy, the aged are compulsorily retired. Compulsory retirement brings many problems for the aged, of which the loss or reduction in income is only one. It is, therefore, very important to know about the participation of the aged in the work force.

20.4.1 Work Participation

It may be useful for you to know some of the trends in the participation in work force by the aged and to see how these trends are affected by the changes in the economy.

In general, there is a wide difference in the rates of work participation by men and women. Accordingly, in 1981, among the aged 63.71 per cent of the men and 10.19 per cent of the women were in the work force. However, for the purpose of understanding the changing patterns of the work participation of the aged, it is sufficient if you pay attention to the relevant trends only among the aged men.

In general, when men reach the peak of their participation in work force, about 97 per cent are found employed. Therefore, the fact that only 63.71 per cent of the aged men were in the work force in 1981 would imply that about 33 per cent or one-third of the men had dropped out of the work force on account of old age. All the same the work-participation rate of the aged men in India is quite high considering the fact that in developed countries the corresponding rate is very much lower. The relatively higher work-participation rate of the

aged men in India can be attributed to the fact that the Indian economy more is still at a much lower level of industrialisation and modernisation. It can, however, be shown that in India also the work participation rate of the aged men is related to the level of industrialisation. For example, over the decades the Indian economy is being industrialised and organised more and more. So also the urban economy is relatively more organised compared with the rural economy. Accordingly we find that over the decades the work participation rates of the aged have come down both in the rural and urban areas, and at any point of time the urban rate is far lower than the rural rate. You will observe these trends from the information supplied in Table 4. Since the women's work participation rates are affected more by socio-cultural factors, there is no noticeable trends in their case that can be attributed in economic change.

Table 4: Work Participation Rates (per cent) by the Aged (60+) in Rural and Urban Areas by Sex, 1971, 1981, 1983, 1987 & 1995-96

	Rural		Urban	
	Male	Female	Male	Female
1971	77.5	11.5	53.4	6.5
1981	67.6	11.3	47.5	5.8
1983	64.2	15.6	48.8	11.8
1987	59.4	12.8	41.5	5.9
1995-96	60.3	17.3	35.3	9.2

Source: Information for 1971 and 1981 is from Census of India 1981, Series-I India (5% Sample), Statements 53 and 55, and for 1983 and 1987 and 1995-96 are from NSS 30th and 42nd and 52nd Rounds respectively.

It is therefore obvious that as the economy is getting more and more organised, there is going to be further erosion of the work participation rates of the aged men in the future. The aged who are still in employment, are working mainly in the informal sector of the economy and in occupations which are relatively less remunerative.

20.4.2 Economic Status

One of the major problems experienced by most of the aged persons is the decline of their income during old age because of their reducing or giving up altogether gainful economic activity. This is evident especially, in the case of the aged who are compulsorily retired from the organised sector and in the case of the aged among the poor who are engaged in the informal sector of the economy.

Although many of the aged, who retire from the organised sector such as government employment, are provided with partial income security by way of pension or provident fund benefits, even among them there are only a few who are free from financial worries. If the economic condition of the aged who draw pension is bad enough, that of the general run of the aged is even worse. The broad conclusions of the studies which have dwelled on the economic problem of the aged are that the majority of the aged has inadequate income and that even the families with which the aged live, mostly belong to low income groups. Therefore, financial worries are a nagging problem of most of the aged.

A broad idea about the economic situation of the aged can be had from the information obtained by the NSS 42nd Round. In 1987 only 51 per cent of the aged men in the rural and 46 per cent in the urban areas were economically independent, the rest were partially or fully depending on others. Among the aged women only 9 per cent in the rural areas and 5 per cent in the urban areas were economically independent. Even the economically independent aged men and women are saddled with the responsibility of looking after other members of the family. Both in the rural and urban areas 69 per cent of the economically independent aged persons had other members of the family depending upon them.

The worst sufferers from inadequate income in old age are the elderly from the poorer sections who, normally, work in the informal or unorganised sector of the economy and are not covered by pensionary benefits. They neither have savings of their own, nor their younger relatives, earning at a subsistence level, are able to support them. The pity is that the type of hard, physical labour the poor people have to do can hardly be tolerated in old age. Yet by force of circumstances the aged among the poor have to keep on working until they are physical worn out and die of starvation.

20.5 HEALTH CONDITION OF THE AGED

The health of the aged in India is one of the most neglected aspects of their problem. Not only the society at large but even the medical profession has failed to take note of the special nature of the health problems and diseases of aging. One of the major distinguishing features of the health problems of the aged from those of the younger population is that whereas the latter suffer more from infectious diseases, the former are handicapped more by chronic ailments.

Most of the available studies about the ailments of the aged have been made by non-medical investigators and they give us some rough idea about broad aspects of health and morbidity of the aged. Among them the National Sample Survey, 42nd Round, provides us with the most up-to-date information covering the entire country during 1986-87.

20.5.1 Chronic Ailments

The findings of this survey indicate that about 45 per cent of the aged both in the rural and urban areas and both among the males and the females, suffer from one or another kind of chronic illness. Among the more prevalent kinds of chronic diseases are problems of the joints, cough or respiratory problems and blood pressure. Other diseases reported are heart disease, urinary problems, piles and diabetes.

As you will notice from information given in Table 5, there are significant differences in the rates of incidence of chronic diseases in the rural and the urban areas, and among the male and the female aged. Respiratory problems of the joints are more prevalent in the rural areas, and on the other hand, blood pressure, heart disease and diabetes are more prevalent in the urban areas.

Table 5: The Percentage Distribution of Different Kinds of Chronic Diseases among the Aged who Suffer from such Diseases, 1986/87

Kinds of Disease	Rural		Urban	
	Male	Female	Male	Female
Cough (Respiratory problems)	25.0	19.5	7.9	14.2
Piles	3.3	1.6	3.2	1.8
Problems of joints	36.3	40.4	28.5	39.3
Blood Pressure	10.8	10.5	20.0	25.1
Heart disease	3.4	2.7	6.8	5.3
Urinary problems	3.8	2.3	4.9	2.4
Diabetes	3.6	2.8	8.5	6.6

Source: National Sample Survey, 42nd Round and 52nd Round

Similarly, both in the rural and the urban areas, respiratory problems, urinary problems, piles and diabetes are more prevalent among the males and problems of the joints are more prevalent among the females. Such a distribution indicates that the health problems have a bearing on the peculiarities of the socio-economic situations of the aged. The results of the survey referred to above, as well as, several other studies indicate that women whose life-style is more sedentary compared with men, complain more about ache in their joints, middle class persons living in cities and hence exposed to more stressful activity suffer more from high blood pressure and heart disease, aged from the poorer sections who are usually more malnourished, complain more about physical weakness, and the aged from the rural areas who are not accustomed to have periodical eye-tests are more often visually handicapped.

20.5.2 Temporary Ailments

Apart from chronic ailments the aged are also liable to fall ill with temporary ailments. The National Sample Survey (NSS), 28th Round revealed that in 1973, 29 per cent of the aged in the rural areas and 26 per cent in the urban areas were suffering from temporary ailments. NSS 36th Round specifically dealt with the physical impairments among the aged, and found that 11 per cent of the aged were physically handicapped of whom about one-half were visually disabled. On account of physical disability, health problems and advancing age, the aged are also likely to become physically immobile as compared with the people of other age categories. According to NSS, 42nd Round 5.4 per cent of the aged in the rural areas and 5.5 per cent in the urban areas were physically immobile. Immobility is prevalent more among the aged women than men and in both the sexes it is more marked among those who have crossed the age of 70.

There are many features which are unique to the health problems of the aged and in the developed countries where more attention is paid to the welfare of the aged, a special branch of medicine called geriatrics has come into being, which deals with the problems and diseases of old age and ageing people. Geriatrics is yet to make any headway in India although it is sorely needed.

Check Your Progress 2

- 1) How are the work participation rates and the economic status of the aged changing? Answer in eight lines.

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- 2) Describe briefly the health condition of the aged. Answer in four lines.

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20.6 SOCIAL ADJUSTMENT OF THE AGED

The foregoing discussion on the demographic, economic and health conditions of the aged has thrown up some of the important problems faced by the aged in India. You have learnt that the proportion to the aged in the population is steadily increasing and at the same time the aged are being expelled from the modern, organised economy, at an increasing rate. The aged who continue in the work force are confined more and more to the less remunerative informal sector of the economy. Therefore, the economic insecurity of the aged is being threatened more and more.

The women become especially vulnerable in old age. Compared with their male counterparts, the aged women possess a much lower level of education, a much lower degree of participation in gainful employment and own little or no economic assets. Hence, they are almost totally dependent upon their male relatives. They are further handicapped by the fact that the majority of them are without their husbands, their legal supporters. Therefore, the economic, social and psychological insecurity suffered by the aged women is immense.

The problems as the aged, as already pointed out, are inherent in the fact of their biological, psychological and sociological-aging, as well as in the far reaching historical changes in the society. Let us now examine how the aged are adjusting themselves in the society under these circumstances.

20.6.1 Living Arrangements in the Past

Aging in the past was not considered to be a serious social problem, not only because the aged comprised a relatively smaller proportion in the total population, but also because they were provided with the necessary care and

support by their families. But in the changing circumstances the ability of the family to look after the aged is diminishing.

In the traditional Indian society the aged had a privileged position in the family. Their privileged status stemmed from the peculiar character of the normative family type, known as, the joint family. The joint family consisted of core relatives of several generations but belonging to the same lineage, who lived together with their spouses and children. The joint family included various kinds of relatives and enabled even issueless, unmarried or widowed aged persons to live within the family household. However, the kinship pattern of the relatives in the joint family was determined by the principles of the kinship system whether patrilineal, which is followed in most parts of the country, or matrilineal, which is prevalent in some regions. For example, in the patrilineal kinship system, the aged parents do not live with their daughter and son-in-law.

But, what really made the joint family to function in favour of its aged members were the pre-industrial economic system and the medieval property concepts. In the pre-industrial economic system, as in the agricultural economy even now, the family was also a unit of production; and the medieval property concepts put the aged persons, especially the senior most male member in charge of the productive assets of the family. In such a set up the junior members were economically subordinated to the senior ones. Thus, filial love and duty buttressed by economic dependence obliged the younger relatives to take good care of the elder members of their family.

20.6.2 Changing Family System

The family situation in India, which provided for the satisfactory social adjustment of the aged is fast changing. It is the same forces of economic development and modernisation which are responsible for the rising proportion of the aged in the population, are also bringing about changes in the family system which diminish the capacity of the family to take care of its aged members. These forces are tending to deprive the family of its production function and, by doing so, are undermining the basis of the joint family system.

In the emerging economy, the earning members of the family, which is not a production unit, are obliged to find employment outside the family. In such cases not only the younger relatives are free from the economic authority of the elder members of the family but some of them may set up separate households of their own, and may even migrate to other places. In these circumstances, the aged persons have to fall back upon their own personal resources. If one's own income is not adequate, one becomes dependent on others as it is happening with increasing proportion of the aged. As you have already noticed in the section on the economic status of the aged, the vast majority of the aged are partially or fully/dependent on others.

The family system in India, as everywhere else in the world, is in a state of flux. The families conforming to the pattern of the classical joint family are fast disappearing. In its place simpler patterns of family are emerging, which do not depend upon the family being a unit of production. The emerging patterns of family are evolving round the type of nuclear family with the husband, wife and children as the unit. Because of the presence of the aged parents, the nuclear

family may give rise to the simple lineal joint family in which one of the aged parents lives with the married son or daughter. When all the children are married, and aged couple may stay together by themselves, or if the aged person is widowed, he or she has the option of living all alone.

These possibilities of living arrangements for the aged are actually reflected in the living arrangements of the aged in India as revealed in the findings of the NSS, 42nd Round.

The relevant findings are presented in Table 6. It will be worthwhile going the table with attention. You will observe that about 86 per cent of the aged both in the rural and urban areas are living in two types of arrangements either living with spouse or living with their own children. Living with grandchildren or other relatives is the case with 7 and 8 per cent of the aged in the rural and the urban areas respectively. About 7 per cent of aged in the rural areas and 5 per cent in the urban areas live alone. The percentages of the aged who live with non-relatives in homes for the aged are negligible both in the rural and urban areas. Thus overwhelming majority of the aged live with their relatives.

Table 6: Living Arrangements of the Aged in the Rural and Urban Areas by Sex, 1995-96

Type of Living arrangement	Rural			Urban		
	Male	Female	Total	Male	Female	Total
Living alone	2.5	6.1	4.3	3.0	6.0	4.5
Living with spouse and other members	75.0	39.0	56.9	75.1	35.4	54.9
Living with own children	17.9	48.1	33.1	17.8	51.2	34.9
Living with other relatives and non-relatives	3.8	5.9	4.8	0.4	0.4	0.4

Source: NSS, 52nd Round

Information from various other studies which deal with the aged in different regions and communities gives one the impression, that the percentage of the aged living with their own children was larger as we go back in history. And, going by the trends in other countries, which are more modernised than India, it would appear that the living arrangements of this category are going to reduce further and the categories of 'living alone' and 'living with spouse' are going to increase.

Thus, the immediate family circle of the aged is becoming more and more restricted. Which is giving rise to new problems for the aged. Your attention may be drawn to two such important problems. First, the interpersonal family ties in relation to the aged are becoming increasingly difficult even when the aged are living with their married sons, especially in the urban areas. In the past, when the family's resources were controlled by the aged, the sons were dependent upon their parents. The situation is being reversed nowadays, and more and more parents are becoming economically dependent on their sons, which is damaging to the self-respect of the aged. Second, the number of caregivers available in the family is diminishing. In their sons households the aged can no longer take for granted the services of their daughters-in-law who were their traditional caregivers.

In the developed societies the care-giving ability of the families for the aged has become much weaker and the place of the family is taken up to some extent by larger institutions such as the homes for the aged and day-care centres. There is much scope for such institutions in India, but their development is still at the infant stage. As you can see from Table 6, only 0.7 per cent of the aged in the rural and 0.4 per cent in the urban areas are living in the homes for the aged. The day care centres are still at an experimental stage and that too in big cities.

20.6.3 Living Arrangements of Males and Females

The living arrangements of aged men and women are so markedly different from each-other that you would like to know what causes the difference. A large majority of the aged women, 66 per cent in the rural areas and 67 per cent in the urban areas live with their own children compared with the corresponding percentages of 37 and 40 respectively among the aged men. In the categories of the aged living with their grandchildren and other relatives the percentages of women are also relatively larger. On the other hand, men live more often with their spouses compared with women. About 45 per cent of the men live with their wives both in the rural and urban areas, whereas, among the women only 25 per cent in the urban areas and 22 per cent in the rural areas live with their husbands. A substantial percentage of the men live alone, 11.8% in the urban areas and 8.2% in the rural areas, whereas, the corresponding percentages among women, 0.7 in the rural areas and 0.6 in the urban areas, are negligible.

The marked difference in the patterns of living arrangements between the aged men and women stem from two basic differences in their characteristics. First, as compared with men, a far greater percentage of aged women is without spouse, which explains why the percentage of women living with their spouse is much smaller. Second, the economic dependence of women on others is far greater than that of men, which explains why the percentage of women living alone is so low. Both of these reasons make it necessary for women to lean so heavily on others.

20.7 POLICIES AND PROGRAMMES FOR THE AGED

You would have by now realised that nowadays the problem of the aged is causing greater concern for two main reasons: the percentage of the aged in the population is rising and the ability of the family to support and take care of the aged is diminishing. Therefore, it has now become imperative for the society to accept greater responsibility to facilitate the social adjustment of the aged. You would, therefore, be interested in knowing what policies and programmes the various wings of the society such as the state, the government and the various organisations, for alleviating the problems of the aged have undertaken.

In the developed societies when the problem of the aged has become even more acute, there are well developed, support systems for the aged devised by the public institutions. There are institutional arrangements to look after the financial, residential and health-care needs of the aged, which greatly

supplement and even replace the support of the family. The special needs of the aged are specifically recognised in every branch of social activity.

In the Indian society also, there is recognition of the responsibility of the larger society to look after the aged. Article 41 of the Indian Constitution enjoins the state to make effective provision of public assistance for the benefit of the disadvantaged and weaker sections including the aged. However, the policies and the programmes, which the government has undertaken so far, touch only the fringes of the problem of the aged.

We may refer to three main steps the government has taken in connection with the problem of the aged. First, the government has enacted legislation to affirm the duty of every person having sufficient means to maintain and look after his aged or infirm parents who are not able to maintain himself or herself. This step of the government only boils down to overseeing the traditional role of the family of providing support for the aged. This legislation, however, is of no material use as no parent is willing to go to a court of law to extract support from an unwilling child.

Box 1

Social Security For the Aged

A section of the aged are the retired persons from the organised sector. They are provided social security by the employers in the form of pensions, provident fund, and gratuity etc. However these sections may not get sufficient emotional support from their families. Their families may not meet their entertainment needs. Hence they have to be accommodated somewhere by the state. Again, a major group of the aged is of those who retire from unorganised sector without any social security benefit. They have also to be accommodated and given social security in case they have no family. In India, there are few state-run homes for aged. The State and the Central Governments provide financial assistance to the voluntary agencies to set up such homes and to take up innovative programmes for providing services to them. There are also schemes of pensions of old age in all states and union territories. Through the criterion of eligibility differs, generally destitute, poor and infirm aged of 60 and above, are provided pensions at rates ranging from Rs. 30 to Rs. 100 per months (India 2000)

The second step the government has taken, is to assume partial responsibility for supporting destitute aged who do not have earning children or children with sufficient income to support them. The government provides old age pensions to the destitute aged, as well as, gives grants- in-aid to institutions, which take care of such persons. The old age pensions, however, consist of meagre amounts barely adequate for subsistence.

The third step the government has taken in respect of the aged is to pass legislation to ensure retirement benefits, such as, gratuity, pension and provident fund, to be paid by the employers to the aged who are compulsorily retired. Such legislation applies to the larger enterprises and, as such, these benefits are derived by only a small segment of the aged.

Besides the government, there are a number of non-governmental organisations (NGOs) which offer various kinds of services to the aged. The services provided by the NGOs include:

- a) Institutional services in the form of old-age homes,
- b) Vocational services and occupational therapy
- c) Non-institutional support systems including medical, psychiatric and rehabilitation services, nutritional care, recreation, counseling, education, training and awareness, and
- d) Day care centres.

Although this list is impressive; these services are available only in some nooks and comers of the country and that too in the big cities.

You will realise from the above discussion that the vast majority of the aged is not covered by any public provision of old-age support whether extended by the Government or the NGOs.

Check Your Progress 3

- 1) In what important respects the situation of the aged women is different from that of the aged men? Answer in eight lines.

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- 2) Why was the social adjustment of the aged more satisfactory in the past? Answer in six lines.

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- 3) Why is the social adjustment of the aged less satisfactory now a day? Answer in eight lines.

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20.8 LET US SUM UP

We may now sum up the main points discussed in this unit. In general the aged are faced with problems, because of adverse events in their biological, psychological and sociological spheres of life. Their adjustment in this difficult period of their life is either facilitated or rendered more difficult by the socio-economic and cultural factors during their lifetime, which are influenced by historical events.

The socio-economic and cultural factors in the past were conducive to a more satisfactory social adjustment of the aged. Their proportion in the population was small and their family was adequate to provide them with the necessary support and care.

In the present times, change in the socio-economic and cultural system has rendered the social adjustment of the aged difficult. Their percentage in the population is increasing, the family as their support system is becoming weaker, and alternative public support systems are not coming up fast enough.

Developing societies, such as India, which are subjected to economic development and modernisation are experiencing an increasing degree of deterioration in the situation of the aged. In India, although the percentage of the aged in the population is not very high compared with the developed countries. It is progressively increasing and their absolute number is enormous. At the same time, the economic, health-care and social needs of this enormous number of the aged are rapidly increasing. These changes are accompanied by the changes in the family structure which is losing its efficacy as a support system for the aged.

The problem of the aged in India has, therefore, clearly become a social problem which makes it incumbent upon the society to assume greater responsibility for the support of the aged. But the development of the public support system is still in a nascent stage.

In a nutshell, we have discussed the nature of the problem of the aged, demographic characteristics, economic characteristics, health condition and social adjustment of the aged, besides focusing on and examining the public policies and programmes for the aged.

20.9 KEY WORDS

- Demographic transition** : The social process whereby a society moves from the condition of high fertility and high mortality to one of low fertility and low mortality.
- Fertility** : Average number of children born to women in a society.
- Geriatrics** : The branch of medicine, which deals with the problems and diseases of old age and aging people.

- Life expectancy** : The average span of life which children born at a given point of time can expect to live.
- Old dependency ratio** :
$$\frac{\text{Per cent of Population of 60+ age group} \times 100}{\text{Per cent of Population of 15-59 age group}}$$
- Young dependency ratio** :
$$\frac{\text{Per cent of Population of 0-14 age group} \times 100}{\text{Per cent of Population of 15-59 age group}}$$

20.10 FURTHER READINGS

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20.11 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- i) The problem of the aged arises because the aged have to adjust in society when they are faced with certain crucial events while they are growing old. One type of these events are the changes which take place in their biological, psychological and social spheres of life. The other type consists of socio-economic changes which take place during the historical phase in which they are living.
- ii) The growing proportion of the aged in the population is due to the declining fertility and increasing longevity of the population. These are the characteristics of the demographic transition which is brought about by economic development and modernisation.
- iii) The young dependency ratio is obtained by dividing the percentage of the population in the age group 0-14- by that in the age group 15-59, and by multiplying the quotient by 100. Likewise the old dependency ratio is obtained by dividing the percentage of population in the age group 60+ by that in the age group 15-59 and by multiplying the quotient by 100. In recent times the young dependency ratio has begun to decline and the old dependency ratio has begun to increase.

Check Your Progress 2

- i) In general, the aged tend to withdraw voluntarily from the work force when their capacities decline very much. But when the economy gets organised, the aged are non-voluntarily made to retire even when they are capable of performing their duties. Thus, as the Indian economy is becoming more and more organised the percentages of the aged who are withdrawing from the working force are increasing continually. As a result of this process more and more aged are becoming dependent on others.
- ii) The aged suffer more from chronic diseases than infectious ones as compared with the general population. They also tend to be physically

handicapped to a greater extent. The pattern of incidence of the chronic diseases among the aged varies according to rural-urban and genders differences.

Check Your Progress 3

- i) The aged women as compared with aged men are less educated, participate in the work force to a lesser extent and are economically more dependent on others. The percentage of aged women, who are without spouse, is far greater, than in the case of aged men. There is a marked difference in the patterns of living arrangements of aged men and women; whereas men live with their spouse or all alone to a larger extent, the women live more often with their own children or other relatives.
- ii) In their social adjustment in the past, the aged was greatly aided by their families. The peculiar structure and function of the family in the past were advantageous for the adjustment of the aged. In particular, the fact that the family was also a production unit and that the productive assets of the family were controlled by the aged, protected the status and security of the aged.
- iii) Nowadays, the economy is becoming increasingly industrialised and organised, which is depriving the family of its production function. The younger relatives are less economically dependent upon the aged and on the contrary the aged are becoming more dependent upon their younger relatives. In the changing circumstances, the number, ability and disposition of the care-givers to the aged in the family are declining. The aged-are, thus, finding their social adjustment more difficult.

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